



Oxfordshire County Council

ANNUAL REPORTS

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

AND

PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR

1963



OXFORDSHIRE COUNTY COUNCIL

ANNUAL REPORTS

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

AND

PRINCIPAL SCHOOL MEDICAL OFFICER


for the year

1963

INDEX

	Page
After-care	19, 20, 21
Ambulance service	2, 17, 18, 19
Audiometry	50, 51
BCG vaccination	17, 49
Births	5, 6, 8
Blindness, incidence of	29, 30, 48
Cancer	26
Chiropody	21
Clinics and centres	1, 8, 15
Committees	3, 45
Congenital abnormalities	10
Convalescent treatment	21
Daily minders	12
Day nurseries	12
Deafness, ascertainment of	12
Deaths	5, 6, 7
Dental treatment	12, 55, 56
Diphtheria immunisation	16, 17
Health education	19, 49
Health visiting	14
Health visitors'	
trainingschool	15
Home helps	22
Housing	37, 38, 39
Immunisation	
and vaccination	2, 16, 17
Infant mortality	5, 6
Infectious & other diseases,	
prevalence of and	
control over	31, 32, 33, 34
Marie Curie Memorial	
Foundation	20
Maternal mortality	5, 11
Maternal & child welfare	14, 15
Maternity & nursing homes	15
Medical loan depots	20, 21
Mental health	
services	2, 23, 24, 25, 26
Midwifery and maternity	
services	12, 13
Milk, examination of	40, 41
Moral welfare	11

	Page
Nurseries and Child Minders	
Regulations Act, 1948	12
Nursing in the home	21
Observation Register	11
Occupational therapy	19, 20
Poliomyelitis vaccination	17
Populations	5, 6
Premature infants	8, 9
Rural housing	37
Rural water and	
sewerage acts	37
School Health Service	43-57
Committee & staff	45
Statistics, school medical	
inspection	46, 47
Handicapped pupils	48
Medical examinations	49
Audiometry	50, 51
Speech therapy	51, 52
Enuresis	55
School Dental Service	55, 56
Physiotherapy clinics	57
School swimming baths	57
Smallpox vaccination	16
Staff	4, 45
Stillbirths	5, 9
Ten year plan	27, 28
Tetanus immunisation	17
Tuberculosis	32, 33, 34
Vaccination and	
immunisation	16, 17
Venereal diseases	35, 36
Vital statistics	1, 5, 6, 7
Water supply	2, 37
Welfare foods,	
distribution of	12
Whooping cough	
immunisation	17



Digitized by the Internet Archive
in 2018 with funding from
Wellcome Library

<https://archive.org/details/b29943322>

HEALTH DEPARTMENT
PARK END STREET, OXFORD

To the Chairman and Members of the Health Committee and Education Committee
MY LORDS, LADIES AND GENTLEMEN,

I have the honour to present the annual report for the year 1963.

The vital statistics indicate that the County birth rate has again increased from 20.3 per 1000 population in 1962 to 20.8 in 1963. This is comparable with the post-war years when the birth rate was 20.9 in 1946 and 21.9 in 1947. The County population is estimated to have increased by nearly six thousand. There were 91 deaths from lung cancer - three more than last year - eighty-two in men and only nine in women. Over the past decade the figures suggest that death rates for lung cancer, in common with coronary disease, hypertension, heart disease, and suicide, are lower in country dwellers than in those living in Oxfordshire towns.

In July the Council approved the plans for the new health centre at Witney, which had been prepared in consultation with the local medical practitioners and the staff of the Oxford Regional Hospital Board. It should be possible to achieve the closest integration of the three branches of the health services by providing them all in one community health centre such as this. The establishment of more hospital out-patient clinics at the Witney Centre also should be of great help to the public, who at present have to journey to and from Oxford. The new clinic at Henley was completed towards the end of the year. Although this is not a health centre in the true sense of the term, it is sited in the hospital grounds, thus strengthening the links between the services. At Bicester site plans have been drawn up for a new clinic in a central position in the town.

Details of the ten year plan for the local authority health services as revised in 1963 are included in the report. While it is possible to look ahead and anticipate capital development, it is not so easy to predict the probable increases in staff and recruitment to the services. There has been an improvement in the staffing of the domiciliary nursing services and new houses have been provided at Wheatley, Sonning Common, Charlbury and Islip. At the beginning of the year there was the equivalent of 55 full-time nurse/midwives out of an establishment of 62. By the end of the year the figure had risen to 61. It must be remembered, however, that in view of the increasing population in the County two extra nurses are required each year to maintain the existing ratio of nurses to population and to keep at its present level the standard of nursing care. Early discharge from hospital and the emphasis on domiciliary care make it imperative to use all the aids that are available for nursing patients in their own homes.

The staffing of the health visiting services also has improved. At the beginning of the year there were five vacancies, but by the end of the year they had been filled and the establishment of health visitors was increased by four from 32 to 36. This gives a ratio of one health visitor to every six thousand population, which is the same as the national average. In order to maintain this ratio, it will be necessary to increase the staff by one health visitor each year.

The Gillie report on 'The Field of Work of the Family Doctor' stressed the need for close co-operation between the general practitioner and preventive health services. Oxfordshire is unique in that general practitioners have been working as school and clinic doctors since 1908, when the services started. This system has resulted in a very close liaison between family doctors, health visitors, and district nurses, particularly in rural areas. Steps are now being taken to integrate the services more fully in urban areas.

The campaign to raise immunisation rates has been maintained. Special attention is drawn to the dramatic fall in cases of poliomyelitis since vaccination

against the infection was started in 1956. In the years following the second world war it was not uncommon for twenty to thirty people to fall ill each year in Oxfordshire with this serious crippling disease. But now, over the past four years, there have been only two cases. Both were mild, and neither patient was vaccinated against poliomyelitis. No cases have been reported over the last two years.

Work has continued on the combined ambulance and fire station at Kidlington, which will come into service in 1964. The plans for new ambulance stations at Witney and Henley were approved and it is hoped that these also will be in operation in 1964. Ministry of Health Circular 8/63 stressed the need for close co-operation between the hospital and ambulance services and it was encouraging to find that most of the recommendations contained in the circular were already in operation in Oxfordshire. A plan by the organisation and methods team for Oxford City, Reading and Berkshire for a reorganisation of the joint ambulance services for the County and City was referred back for discussion with representatives from the County stations.

There has been a steady growth in the mental health services throughout the year, and voluntary workers have shown a keen interest in the promotion of all aspects of community care for the mentally handicapped. Outings have been arranged from the centres, generous gifts have been donated, parties and festivities have been organised. This friendly spirit has done much to contribute towards the success of our ventures, and it is a pleasure to express our appreciation and gratitude for the help so willingly given.

The increase in the number of adults at the Banbury Centre makes it imperative that a separate adult centre should be provided as soon as possible. Progress has been made on the adaptation of the children's hostel in Banbury. A site has been found for a new junior and adult training centre at Wheatley. At Witney separate sites are being sought for an adult training centre, and for a junior centre and a hostel for male adult subnormal persons. The building of the home for the elderly at Sandford was well advanced by the end of the year, and it is hoped it will be fully staffed and occupied in 1964.

In order to explore to the best advantage the possibilities of employment for mentally handicapped adult persons, an advisory committee has been set up with representatives from industry, the trade unions, the Oxfordshire and Oxford City Councils, and the Littlemore and St Birinus Hospitals. Over the year the average of weekly earnings of the adult training centres was £41; by the end of the year this figure had reached £60. Good relations have been established with industrial firms who have made work available, and in some factories it has been possible to place out small groups of persons, with supervision where necessary.

Fluoridation of water supplies was approved by the Council in July. The agreement of district councils and water undertakers, however, will have to be obtained before any practical steps can be taken to promote the public health in this way. Milk supplies in the County have been kept under supervision, both at the pasteurising dairies and at places of supply. No milk-borne outbreaks of infectious disease have been notified, but a report from the Ministry of Agriculture, Fisheries and Food in August drew attention to the risks to the public from antibiotics in milk resulting from treatment for bovine mastitis. There is no doubt that the health of the public should be protected against this hazard.

The contents of this report give details of the work undertaken during the year. It only remains for me to thank all members of the health staff for their very great help at all times.

I have the honour to be,

Your obedient servant,

M. J. PLEYDELL

County Medical Officer of Health

COMMITTEES AND STAFF

MEMBERS OF HEALTH COMMITTEE

Mr F. Wise, Chairman

Mr R. C. Surman, Vice-Chairman

Council Members

Dame Henrietta Barnett	*Capt. G. E. F. Goring Thomas	The Earl of Macclesfield
Mr F. Barrington Ward	Sir George Schuster	The Viscountess Parker
Mr. C. R. Worth	Mr J. Haskins	Mrs W. D. de Pass
*Mr T. L. Easby	Mrs M. H. Hichens	+Mr R. C. Surman
Mr W. P. Gilkes	Mr C. H. Hughes	Mr R. E. Tarrant
Brig. F. R. L. Goadby	Mrs M. A. Johnson	Mr F. Wise

Co-opted Members

Oxfordshire Nursing Federation Representatives	The Countess of Macclesfield Mrs J. H. Morrell
Area Executive Council Representative	Dr A. R. H. Williamson
Oxford Regional Hospital Board Representative	Mrs M. S. Nowell-Smith
Oxford University Department of Social Medicine	Dr Alice Stewart
+Audit Sub-Committee	*Standing Deputies, Audit Sub-Committee

General Purposes Sub-Committee

Mr F. Wise, Chairman	Mr C. H. Hughes
Mr F. Barrington Ward	Lord Macclesfield
Mr T. L. Easby	The Viscountess Parker
Brig. F. R. L. Goadby	Mr R. C. Surman
Mrs M. H. Hichens	Mr R. E. Tarrant

Domiciliary Services Sub-Committee

Mr R. C. Surman, Chairman	Lady Macclesfield
Dame Henrietta Barnett	Mrs J. H. Morrell
Mr W. P. Gilkes	The Viscountess Parker
Mr T. Haskins	Dr A. Stewart
Mrs M. A. Johnson	Dr A. R. H. Williamson
Lord Macclesfield	Mr F. Wise

Banbury Day Nursery Sub-Committee

Mrs M. A. Johnson, Chairman
Mr W. P. Gilkes
Miss G. S. Bustin (representing Banbury Borough)

STAFF

County Medical Officer of Health	Dr M. J. Pleydell, MC, MD, DPH
Deputy County Medical Officer of Health	Dr J. A. G. Watson, MB, BS, DPH
Senior Assistant County Medical Officer	Dr Dorothy M. H. Roberts, MB, BS, MRCS, LRCP
Assistant County Medical Officer (part-time)	Dr A. J. Campbell, MD, BSc, DPH Barrister-at-law
Medical Officers of Child Welfare Clinics (part-time)	43 General Practitioners
Consultant Chest Physician (part-time)	Dr J. M. Black, MD, ChB
County Superintendent Nursing Officer) Superintendent of Health Visitors) Non-medical Supervisor of Midwives)	Miss E. Richards, SRN, SCM, MTD, HVCert, QNS
Supervisor of District Nurses (Assistant to County Superintendent Nursing Officer)	Miss A. M. Appleby, SRN, SCM, HVCert, QNS
Deputy Superintendent of Health Visitors	Miss C. E. Henry, SRN, SCM, MTS, HVCert
Health Visitor and Tuberculosis Liaison Officer	Miss D. H. Edwards, SRN, SCM, RFN, HVCert
Health Visitor Tutor	Miss B. Cox, SRN, SCM(Pt. 1), HVTCert
Health Visitors/School Nurses	36 (including 1 vacancy)
District Nurse/Midwives	62 (including 1 vacancy)
Chief Dental Officer	Mr J. Rodgers, DFM, LDS, RFPS
Dental Officers	Mr W. J. Cook, LDS, RCS (part-time) Mr H. L. Davies, LDS, RCS Mr R. L. Davies, LDS, RCS Mr W. P. Jones, LDS (died 13.8.63) Miss J. Lynch, LDS (from 7.1.63) Mrs L. Stolarow, DAS
County Housing Officer	Mr H. G. Bartram, MIPHE
Senior Mental Welfare Officer	Mr H. S. Heady
Mental Welfare Officers	Mrs M. A. Collins, DPA(Oxon) (resigned 11.4.63) Mr D. F. Macintosh, DipPSA Mrs B. H. Paul, BA (from 29.7.63) Mrs Watchorne, RMPA Mr R. C. A. Charlett (part-time) Mr A. W. Shepard (part-time) Mr E. B. Holgate (part-time) Mr W. R. H. Beehag (part-time)
Home Teacher for Mentally Subnormal Children	Mrs W. Rawson
Occupational Therapists	Miss B. H. Rostance, MAOT Miss E. D. Stevens, MAOT Miss A. E. Darrell, MAOT (resigned 10.5.63) Miss J. A. Riddell, MAOT (from 21.10.63)
Administrative Assistant	Mr L. C. Bartram

VITAL STATISTICS

a) General statistics

Area	470,392 acres
Population (estimated mid-1963) - Total	216,950
Rateable value for whole County (estimated 1st April 1964)	£7,340,837
Estimated product of penny rate for whole County (1963-64)	£29,427

b) Extracts from vital statistics for the year

<u>Births</u>	M	F	Total	
Live births	2359	2158	4517	
Live birth rate (per 1000 of estimated population) (national average 18.2)				20.8 crude 20.1 corrected
Stillbirths	36	18	54	
Stillbirth rate per 1000 total (live and still) births (national average 17.3)				11.8
Total births (live and still)	2395	2176	4571	
Infant deaths	50	35	85	
Infant mortality rate per 1000 live births (national average 20.9)				18.8
Infant mortality rate per 1000 live births		legitimate illegitimate		17.5 39.3
Neo-natal mortality rate (first four weeks) per 1000 live births				14.2
Illegitimate births (live and still)			259	
Illegitimate births per cent of total live births				5.7
Maternal deaths (including abortion)			nil	
Maternal mortality rate				nil
<u>Deaths</u>	M	F	Total	
Total deaths	1201	1103	2304	
Death rate per 1000 of estimated population (national average 12.2)				10.6 crude 11.5 corrected
The main causes of death were:				
Heart disease			708	
Cancer			392	
Cerebral vascular disease			346	
Infectious diseases other than tuberculosis			188	
Other circulatory diseases			118	
Motor vehicle accidents			36	
All other accidents			40	
Gastro-intestinal diseases			22	
Tuberculosis			5	

VITAL STATISTICS OF WHOLE COUNTY
DURING 1963 AND PREVIOUS YEARS

Year	Population estimated to middle of each year	BIRTHS		DEATHS				
		Number	Rate per 1000 of population	Under 1 year of age		At all ages		
				Number	Rate per 1000 net births	Number	Rate per 1000 of population	
1	2	3	4	5	6	7	8	
1954	189,600	3,217	16.96	68	21.1	1,773	crude 9.3	*corrected 9.16
1955	191,500	3,179	16.6	72	22.6	1,934	10.09	10.09
1956	194,800	3,356	17.2	67	19.9	1,873	9.61	10.09
1957	195,070	3,580	18.35	75	20.9	1,766	9.05	9.50
1958	194,000	3,502	18	61	17.4	1,909	9.8	10.09
1959	200,000	3,784	18.9	75	19.8	1,985	9.9	10.3
1960	201,630	4,055	20.1	82	20.2	1,948	9.7	10
1961	205,680	4,074	19.8	80	19.6	2,059	10	10.5
1962	211,320	4,309	20.3	79	18.3	2,161	10.2	10.7
1963	216,950	4,517	20.8	85	18.8	2,304	10.6	11.5

Rural Districts	Population estimated to middle of 1963	NET BIRTHS			NET DEATHS				
		Num-ber	Rates per 1000 of population		Under 1 year of age		At all ages		
			crude	*cor-rected	Num-ber	Rate per 1000 net births	Num-ber	crude	*cor-rected
Banbury	16,060	275	17.1	18.6	10	36.3	200	12.4	10.9
Bullington	44,190	959	21.7	20.1	18	18.7	427	9.6	10.9
Chipping Norton	16,410	279	17	18.1	4	14.3	174	10.6	10.7
Henley	23,530	362	15.3	15.7	5	13.8	276	11.7	11.5
Ploughley	31,550	801	25.3	22.7	19	23.7	212	6.7	10
Witney	26,630	581	21.8	21.8	12	20.6	273	10.2	11.6
Urban Districts									
Banbury	22,070	506	22.9	21.5	6	11.8	272	12.3	12.6
Bicester	6,770	182	26.8	24.6	5	27.4	53	7.8	10.5
Chipping Norton	4,230	87	20.5	20.9	2	23	58	13.7	13.4
Henley	9,490	168	17.7	17.3	3	17.8	169	17.8	14.2
Thame	4,790	97	20.2	19.7	-	-	44	9.3	9.3
Witney	9,400	178	18.9	17.5	1	5.6	91	9.6	12.0
Woodstock	1,830	42	22.9	23.5	-	-	55	30	13.5

*A corrected rate having been adjusted for age and sex distribution

TABLE OF CAUSES OF DEATH 1963

[illegible]

PROVISION OF HEALTH SERVICES UNDER
THE NATIONAL HEALTH SERVICE ACT, 1946

CARE OF MOTHERS AND YOUNG CHILDREN (SECTION 22)

1) Clinic buildings

Henley: The new health clinic, which was completed towards the end of the year, is a great improvement on the old clinic and is more readily accessible to the public. By building it in the hospital grounds it is hoped that there will be closer co-ordination and integration of the health services in Henley.

Banbury: The selection of a site for a new clinic in Banbury is dependent on the future development of the borough.

Witney: The plans for a new health centre at Witney were drawn up and agreed with representatives of the practitioners and the hospital authorities. This will be a comprehensive health centre at which a full range of out patient services will be available to the public. To have three branches of the health services working in one building in a central site in the town should improve the medical services and make them more readily available to the public. A grant for the project has been provided by the Nuffield Trust.

Bicester: A new health clinic is planned in Bicester in the financial year year 1965/66. A site in the Old Palace Yard has been selected for the clinic.

Thame: It is hoped that a new clinic will be provided by joint arrangement with the hospital authorities.

2) Notification of births

The number of live births notified in the area under section 203 of the Public Health Act, 1936, as adjusted by transferred notifications, was:

	Male	Female	Total
Legitimate	2270	2105	4375
Illegitimate	46	43	89
Total	2316	2148	4464

Details of notifications are transmitted promptly to health visitors, in order that they can begin visiting after the tenth day.

3) Premature births

The number of premature births notified, as adjusted by notifications transferred into or out of the area, was:

	<u>In hospital</u>	<u>At home</u>	<u>In private nursing homes</u>	<u>Total</u>
Premature live births	246	25	-	271
Premature still births	26	1	-	27

Table I

Weight at birth	Premature live births												Pre-mature still births	
	Total births	Born in hospital			Born at home or in a nursing home								Born	
					Nursed entirely at home or in a nursing home				Transferred to hospital on or before 28th day					
		Died			Total births	Died			Total births	Died				
		Within 24 hrs of birth	In 1 & under 7 days	In 7 & under 28 days		Within 24 hours of birth	In 1 & under 7 days	In 7 & under 28 days		Within 24 hrs of birth	In 1 & under 7 days	In 7 & under 28 days	In hospital	At home or in a nursing home
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	
2 lbs 3 oz or less 1.	8	6	1	-	2	2	-	-	2	2	-	-	9	1
Over 2 lbs 3 oz upto and including 3 lbs 4 oz 2.	23	8	2	-	-	-	-	-	-	-	-	-	5	-
Over 3 lbs 4 oz upto and including 4 lbs 6 oz 3.	55	6	5	-	-	-	-	-	3	-	-	-	4	-
Over 4 lbs 6 oz upto and including 4 lbs 15 oz 4.	53	1	2	-	5	-	-	-	1	-	-	-	3	-
Over 4 lbs 15 oz upto and including 5 lbs 8 oz 5.	107	2	2	-	12	-	-	-	-	-	-	-	5	-
TOTAL 6.	246	23	12	-	19	2	-	-	6	2	-	-	26	1

4) Stillbirths

Causes of stillbirths amongst children born to persons resident in Oxfordshire

From the beginning of 1963 arrangements were made by the Registrar General for details of the causes of stillbirths to be notified to the Medical Officer of Health. It is now, therefore, possible to produce an analysis of these causes in the same way as for other causes of death. There were, in the course of 1963, 55 stillbirths.

Table II

	Male	Female	Both sexes
Chronic disease in mother	-	-	-
Acute disease in mother	-	-	-
Diseases and conditions of pregnancy and childbirth	8	-	8
Absorption of toxic substances from mother	-	-	-
Difficulties in labour	5	1	6
Other causes in mother	-	-	-
Placental & cord conditions	11	7	18
Birth injury	-	-	-
Congenital malformation of the foetus	3	4	7
Diseases of foetus and ill-defined causes	12	4	16
All causes	39	16	55

N. B. This does not include 'Transfers out' but does include 'Transfers in'.

5) Congenital abnormalities

Interest has centred recently on the incidence of congenital abnormalities. This has gained impetus as a result of the thalidomide tragedy. With effect from 1st January 1964 Medical Officers of Health have been asked to obtain statistics and details of children born with these abnormalities. During 1963 a record was kept of all congenital abnormalities and these have been classified using the Registrar General's classification. It will be noted that the main table gives details of all abnormalities. 92 children were notified, some having more than one abnormality. 122 actual abnormalities are recorded.

Table III - Congenital abnormalities in babies born in 1963

Categories	Stillbirths			Infant deaths			Observation register			All groups		
	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes
Central nervous system	3	3	6		4	4	1		1	4	7	11
Ear, eye							4	1	5	4	1	5
Alimentary system				5	8	13	14	8	22	19	16	35
Heart and great vessels				10	9	19	3	4	7	13	13	26
Respiratory system				1		1	1		1	2		2
Urogenital system				2	5	7	5	1	6	7	6	13
Limbs							9	9	18	9	9	18
Other skeletal					1	1	1	1	2	1	2	3
Other systems							2	1	3	2	1	3
Other malformations		1	1	1	2	3		3	3	1	6	7
All abnormalities	3	4	7	19	29	48	40	28	68	60	62	122
Total number of children involved			7			30			55			92

6) Observation register

This register is compiled for three purposes. The first is to ensure that a close watch is kept on any child deemed to require extra observation in the first two years of life. The second is to facilitate the transfer of the names of children to other agencies where their help will be required because of the presence of handicaps. This enables the School Health Service and the Mental Health Service to have advance information about any child requiring special assistance. The third purpose is to provide statistics for routine or research purposes. An example of this is the information required by the Registrar General of the incidence of congenital abnormalities.

The register did not come into full operation until 1st January 1962, so the number of children on the register has not yet reached an equilibrium.

Table IV

Year of birth	No. entries	Deleted		Moved out of County	Notified to		Number remaining on the register
		Satisfactory reports	Died		Mental health	School health	
1959	5	2	-	1	-	2	-
1960	43	8	5	4	3	22	1
1961	98	37	7	14	6	12	22
1962	386	86	15	54	3	6	222
1963	760	1	24	52	2	-	681
1959-63	1292	134	51	125	14	42	926

7) Ophthalmia neonatorum and puerperal pyrexia

Four cases of puerperal pyrexia were notified.

8) Deaths ascribed to pregnancy or childbirth

No deaths occurred in 1963.

9) Ante-natal care

Health education and mothercraft classes for expectant mothers have been held at Carterton, Henley, Kidlington, Thame and Witney. These classes, which have served a very useful purpose, have been greatly appreciated by the mothers and the practitioners. Clinical care is provided by medical practitioners, domiciliary midwives and the hospital services.

10) Maternity accommodation

The booking of cases on social grounds is undertaken by the local authority in conjunction with the medical practitioner concerned.

11) Care of unmarried mothers

A close liaison exists between the County Health Department, the North and Mid-Oxon Association for Moral Welfare, and the South Oxfordshire Moral Welfare Association. The Diocesan Council is given a grant of £800 annually for the work undertaken by them on behalf of the County Council. During 1963 financial assistance was provided for 29 persons accommodated in mother and baby homes.

12) Dental care

Mr J. Rodgers, the Chief Dental Officer, has contributed the following:

"More than double the number of expectant and nursing mothers were treated than in the previous year, but despite this increase the amount of treatment given to this group was less than was hoped for due to the loss of the dental officer for Banbury. The service for expectant and nursing mothers usually depends on the amount of time the dental officers spend in fixed clinics, but it is worthwhile noting that twelve cases were treated from a mobile clinic.

The fifty-two expectant and nursing mothers treated during the year received sixteen dentures, ninety-five fillings, sixty-nine extractions, thirteen scalings and twenty radiographs. Fifty-six children under five years were treated. Twelve of these had eighteen teeth removed under general anaesthetics and thirty-six fillings were carried out."

13) Ascertainment of deafness in young children

Babies born in hospital or at home are referred for consultant opinion to exclude deafness in those cases where special observation is considered necessary.

14) Day nurseries

The Banbury nursery, with thirty places, was open throughout the year and the average sessional attendance was seventeen.

15) Nurseries and Child Minders Regulation Act, 1948

During 1963 eight registrations were made: six were for child minders and two were for nurseries.

16) Distribution of welfare foods

Welfare foods were distributed from 102 distribution centres in the County. In Banbury welfare foods are sold from the Banbury Clinic on two whole days and two half days of the week.

I should like to express my appreciation and thanks to all voluntary helpers for the valuable work they are undertaking in storing and distributing welfare foods, often from their own homes at personal inconvenience.

During the year the following items were distributed:

53,805 tins National dried milk
51,750 bottles of orange juice
3,479 bottles of cod liver oil
4,479 packets of vitamin tablets

MIDWIFERY AND HOME NURSING (SECTIONS 23 and 25)

The year 1963 will be remembered by our nursing staff for two things: the great difficulties caused by the severe winter weather and the rise in the births. In spite of the bad road conditions the number of visits paid to patients did not decrease and a tribute must be paid to those who attended patients by tramping through the snow and riding on tractors, as well as driving cars along hazardous roads in order to carry out the necessary treatment. Full-time members of staff were greatly helped by our part-time workers and their husbands, who sometimes acted as drivers in the worst conditions.

The number of domiciliary births did not increase but more patients were discharged from the maternity units and were nursed by their domiciliary midwife. Visits to these patients increased.

2120 visits were paid to the elderly sick, again an increase over the previous year.

Staff

Recruitment has continued to improve and the staff employed at the 31st December 1963 was as follows:

Full-time district nurse/midwives	53
Full-time general nurses	2
Part-time district nurse/midwives	7
Part-time general nurses	6

This is equivalent to 61½ full-time nurses.

Four young nurses completed a course of district training and passed the examination. They are now employed as full-time members of the County staff. Ten new appointments were made during the year, four of them being recruited from Part II midwifery training which had been taken in this authority.

We continue to arrange observation visits for student nurses from the Horton General Hospital and they are grateful for this insight into the services which are provided by the local health authority.

One hundred midwives notified their intention to practice in this authority in accordance with Rule E.4 of the Central Midwives Board. Eight of our own midwives attended refresher courses under Rule G.I.

The County Nursing Officer and her assistant have held staff meetings in order to discuss new trends and treatments in the nursing field, the need for close liaison with the general practitioners, and the effect of the Perinatal Mortality Report on our maternity services.

The following visits have been carried out:

Routine visits of inspection	102
Contact visits	48
Other visits	61

Table V

New cases				Cases del. in institutions attended on discharge & before the 14th day	Total visits	Medical aid summoned		Ante-natal visits	Post-natal visits
Doctor not booked		Doctor not booked				Dr en-gaged	Dr not en-gaged		
Dr at del.	Dr not at del.	Dr at del.	Dr not at del.						
3	3	154	747	1095	24201	247	-	10293	549

Table VI - Home nursing

1	2	3	4	5	6	7	8	9	10	11
	Medical	Surgical	Infectious diseases	Tuberculosis	Maternal complications	Other	Totals	Patients included in 2-7 who were over 65 at time of first visit during year	Children included in 2-7 who were under 5 at time of first visit	Patients included in 2-7 visited during year
Number of cases attended during the year	3224	595	-	46	126	-	3991	2120	254	4003
Number of visits paid during the year	70534	13515	-	3209	952	3195	91408	-	-	-

HEALTH VISITING (SECTION 24)

The work of our health visiting staff continues to be chiefly concerned with advising young mothers on the care of infants and young children, and the visiting of the elderly and infirm. Regular reports are submitted on potentially handicapped, or handicapped, children, so that every effort may be made to ensure that all possible help is given in the formative years and that parents are supported in caring for these children at home.

The finding of home helps and visiting in connection with this service continues to occupy a good deal of the staff's time, except in Banbury and in Henley, where part-time organizers are employed. The health visitors in these areas are most appreciative of the burden that has been lifted from them and are taking advantage of the opportunity of having more time to devote to family visiting.

Staff

Recruitment has been steady and at the 31st December 1963 the number in post was 35. In Banbury we had no vacancies for the first time in four years.

Two students completed the health visiting course in April 1963 and are now on the County Council staff. Health visitor students benefited from the training received in the County, and our staff share our pride in the fact that our Health Visitors' Training School had 100 per cent passes at the April examinations.

Student nurses too have been given an opportunity to observe the work carried out.

Staff meetings have been held, and we have endeavoured to ensure that field workers from other departments and the health visitors are well known to each other. Speech therapists, occupational therapists and the child guidance team have met with us in order to smooth out difficulties in communications and prevent duplication of visiting.

The cases visited by the staff are as follows:

Cases visited by health visitor	Number of cases
1. Children born in 1963	4585
2. Children born in 1962	4318
3. Children born 1958-61	10991
4. Total number of children in lines 1-3	19894
5. Persons aged 65 or over	1576
6. Number included in line 5 who were visited at the special request of GP or hospital	421
7. Mentally disordered persons	104
8. Number included in line 7 who were visited at the special request of a GP or hospital	39
9. Persons discharged from hospital (other than mental hospitals)	299
10. Number included in line 9 who were visited at the special request of a GP or hospital	218
11. Number of tuberculous households visited	727
12. Number of households visited on account of other infectious diseases	129

Child welfare clinics

In a rural county like Oxfordshire with scattered populations the policy has been adopted of providing child welfare clinics for relatively small groups of mothers. These clinics are greatly valued by mothers living under isolated conditions and form useful centres for providing health education and vaccination.

Number of clinics held in County Council premises (Banbury, Bicester, Henley, Thame and Witney)	5
Number of clinics held in suitable local premises (e.g.village halls, church halls)	69
Clinics opened during the year	1
Clinics closed during the year	2

List of clinics

Adderbury	Deddington	Kidlington	Sandhills
Ambrosden	Enstone	(Church Hall)	Shilton
Ascott-under- Wychwood	Ewelme	Kidlington	Sonning Common
Bampton	Eynsham	(Foresters Hall)	Stadhampton
Banbury	Filkins	Kingham	Standlake
Benson RAF	Finstock	Kirtlington	Stanton Harcourt
Benson Village	Forest Hill	Leafield	Stonesfield
Berinsfield	Fritwell	Littlemore	Swalcliffe
Bicester	Garsington	Lower Heyford	Tackley
Bletchington	Goring	Mapledurham	Tetsworth
Bloxham	Great Milton	Middle Barton	Thame
Bunker's Hill	Great Tew	Milton-under- Wychwood	Warborough
Burford	Hanborough	Minster Lovell	Watlington
Carterton	Henley-on- Thames	Nettlebed	Wheatley
Chadlington	Hethe	Northleigh	Witney
Chalgrove	Hook Norton	Old Marston	(Methodist Church Hall)
Charlbury	Horspath	Peppard	Witney (Windrush Valley Estate)
Checkendon	Islip	Rose Hill	Woodcote
Chinnor			Woodstock
Chipping Norton			Wroxton
Clifton Hampden			Yarnton

Health Visitors' Training School - 1962/63 course

Twenty-four students attended the training school at Headington. All the students were successful at the first attempt in obtaining the Health Visitor's Certificate.

There was one independent student and twenty-three were sponsored as follows:

Royal County of Berkshire	5	Northampton County Borough	1
Cornwall County Council	1	City of Oxford	5
City of Gloucester	2	City of Plymouth	3
Grimsby County Borough	1	Somerset County Council	2
Herefordshire County Council	1	Oxfordshire County Council	2

Supervision of maternity and nursing homes (under the Public Health Act, 1936)

The following homes are on the register:

1. Tracey House, 42 Broughton Road, Banbury	General	(13 beds)
2. The Teng Singh Nursing Home, North Aston	General	(3 beds)
3. St Andrew's Nursing Home, St Andrew's Road, Henley-on-Thames	General	(8 beds)
4. Thames Bank Nursing Home, Goring-on-Thames	General	(28 beds)
5. Buddleia Nursing Home, Witney	Maternity	(2 beds)

VACCINATION AND IMMUNISATION (SECTION 26)

Local authorities have been asked to do all they can to maintain at a high level the standards of immunity against the serious infections. This year, as in 1962, it has been possible to obtain figures based on health visitors' records, as distinct from notification records from practitioners and clinics. These show that there has been a slight overall improvement in the figures, with the exception of vaccinations against smallpox, which have dropped as a result of the national policy of postponing vaccination to the second year of life. Time will show whether it is possible to maintain a high rate of vaccination by adhering to this policy.

Oral poliomyelitis vaccine is now used almost exclusively. The Ministry of Health in Circular 10/63 drew attention to the fact that the number of cases of poliomyelitis was lower in 1962 than it had been for nearly half a century. In Oxfordshire the following notifications of poliomyelitis have been received since 1947.

1947 -	31
1948 -	6
1949 -	23
1950 -	22
1951 -	12
1952 -	13
1953 -	17
1954 -	6
1955 -	22
1956 -	14 (vaccination with Salk killed vaccine was started in May 1956)
1957 -	12
1958 -	14
1959 -	1
1960 -	-
1961 -	2 (neither of these two cases was vaccinated)
1962 -	- (vaccination with Sabin oral vaccine was started in February 1962)
1963 -	-

A reinforcing dose of vaccine was made available during the year for the following group of persons who are considered to be at a special risk of contracting poliomyelitis:

General practitioners, ambulance staff, medical students, dental surgeons, nurses, hospital and public health staff. The families of the above groups. Persons going to a country outside Europe, other than the United States of America or Canada.

a) Vaccination against smallpox

The following table shows the number of vaccinations and re-vaccinations carried out under the approved scheme during the year 1963.

Under 1		1		2 to 4		5 to 14		15 and over		Total	
Prim-ary	Re-vacc	Prim-ary	Re-vacc	Prim-ary	Re-vacc	Prim-ary	Re-vacc	Prim-ary	Re-vacc	Prim-ary	Re-vacc
382	-	391	-	145	32	54	102	119	365	1091	499

b) Diphtheria, whooping cough and tetanus immunisation

Details of children immunised against diphtheria, whooping cough and tetanus by the end of the year are shown as follows:

Year of birth	1963		1962		1961		1960		1959		1954-58		1949-53		Total	
	Primary	Booster	Primary	Booster	Primary	Booster	Primary	Booster	Primary	Booster	Primary	Booster	Primary	Booster	Primary	Booster
Diphtheria	1501	-	1957	131	243	193	68	38	26	48	107	2342	43	168	3945	2920
Whooping cough	1499	-	1951	-	238	-	67	-	20	-	44	-	10	-	3829	-
Tetanus	1501	-	1959	-	246	-	69	-	31	-	223	-	467	-	4496	-

c) Poliomyelitis vaccination

The number of persons immunised against poliomyelitis by the end of the year is as follows:

Year of birth	1963	1962	1961	1943-60	1933-42	Others
	490	2448	426	506	132	235

3840 persons received reinforcing doses.

d) BCG vaccination

1. Schools

	Eli-gible	Con-sents	Consent rate	Absent from skin test	Skin tested	Absent from reading	Posi-tives	Posi-tives re-actor rate	Negative and vaccin-ated
Grammar & secondary schools	2234	1907	85%	71	1836	83	187	10%	1566
Private schools	134	109	81%	10	99	-	9	9%	90
Total	2368	2016	85%	81	1935	83	196	10%	1656
Teachers training college	12	12	100%	-	12	-	9	-	3

2. Contacts

BCG vaccination was given to 447 Oxfordshire County contacts at clinics held at the Churchill Hospital, Horton General Hospital, Banbury, and Chipping Norton War Memorial Hospital; and to nineteen Oxfordshire County contacts at Reading and Henley chest clinics.

AMBULANCE SERVICE (SECTION 27)

Administration

There has been no change in the number of staff employed. The Organisation and Methods team presented their report and recommendations on ambulance stations and staff towards the end of the year. This is now being considered; it is clear that increases in staff must take place in 1964 to cope with the additional demands upon the service.

Stations

The new station at Kidlington will be ready for occupation early in 1964. Plans for a new ambulance station at Henley were approved; the station will be built on land previously used by the health clinic and is adjacent to Townlands Hospital.

Staff

As the Organisation and Methods team report was anticipated earlier in the year no additional staff were engaged. In answering the extra demand on the service all sections have been fully extended.

Vehicles

One large and one small ambulance were ordered under the annual replacement scheme. One additional sitting case vehicle was ordered for Banbury, where the numbers of sitting case patients were increasing. The design and carrying capacity of both the ambulance and the sitting case vehicle remains the same. Oxygen is now carried on each stretcher type ambulance which will, in future, carry two types of fire extinguisher: the chloro-bromomethane extinguisher for external fires, and a pressure expelled water extinguisher for use inside the patients' compartment.

Radio control

Eighteen months of operation of the Frequency Modulated radio equipment installed in 1962 has justified the opinions of the officers engaged in the original surveys and the claims of the manufacturers. Quarterly servicing by the manufacturer has maintained the equipment at a high standard. During the 1962/63 winter, the worst for many years, it was felt that additional precautions should be taken in case there was a lengthy interruption of power supply, and Messrs Storno-Southern were asked to tune one of the spare mobile sets to the base station frequencies. Although this set was rigged on three occasions at Oxford, it was found in practice that either power was restored before the set was operational or the Electricity Board were able to complete their work on the supply cable without interrupting the supply to the ambulance station. The link with the Radcliffe Infirmary has been used on many occasions.

Location of stations and establishment

Location	Number of vehicles		Cars	Full-time staff establishment
	Ambulances	Light dual-purpose vehicles		
<u>Full-time stations</u>				
Banbury	2	3	1	13
Bicester	1	1	-	3
Chipping Norton	1	-	-	2
Crowmarsh	1	-	-	2
Henley	1	2	1	5
Kidlington	-	1	-	2
Thame	1	-	-	2
Witney	1	2	-	6
<u>Part-time stations</u>				
Woodstock	-	1	-	5 part-time
Wychwood	-	1	-	6 part-time

Patients carried and the mileage travelled

The number of patients carried and the mileage travelled is still increasing. The increase of 9561 patients would have been greater had it not been for the severe weather conditions in January and February, when outpatient attendance at hospital was reduced to a minimum.

Tables 1 and 2 give details of patients carried and the mileage travelled during the past six years, whilst Tables 3 and 4 relate to the mentally handicapped and children conveyed to special schools.

	Year	HCS	Taxi	Ambulance	IDH	Total	Oxford City	Gross total
Table 1 <u>Patients</u>	1959	35,733	5,693	24,699	684	66,809	2,066	68,875
	1960	37,601	6,609	28,012	-	78,222	2,454	74,676
	1961	43,228	16,134	31,074	-	90,436	2,925	93,361
	1962	44,441	26,656	34,057	-	105,154	3,061	108,215
	1963	43,155	33,253	38,401	-	114,818	2,958	117,776
Table 2 <u>Mileage</u>	1959	411,340	56,912	282,462	4,907	755,621	16,485	772,106
	1960	446,833	67,725	313,262	-	827,820	17,309	845,129
	1961	498,618	147,252	321,914	-	967,784	18,072	985,856
	1962	503,137	197,742	346,481	-	1,047,360	19,022	1,066,382
	1963	503,088	218,561	382,888	-	1,104,537	15,638	1,120,175

	Year	HCS	Taxi	Gross	
Table 3	1960	5,203	4,213	9,416	School children and mentally handicapped included in Table 1
	1961	7,908	9,094	17,002	
	1962	9,611	19,079	28,690	
	1963	10,405	26,356	36,759	
Table 4	1960	46,606	33,167	79,773	Mileage involved for school children and mentally handicapped
	1961	58,663	67,463	126,126	
	1962	67,925	114,350	182,275	
	1963	79,811	136,479	216,290	

PREVENTION OF ILLNESS, CARE AND AFTERCARE (SECTION 28)

Health education

The special report which the Minister of Health has requested on health education in venereal disease can be found under the section dealing with that subject. The special report on smoking and health is included in the section dealing with the school health services.

Occupational therapy

There has been continuing development of the occupational therapy service during the year, in which three further work groups have been formed and the income from industrial type work has doubled.

The statistics are as follows:

Total number of patients	201 + 25 residents at Shillingford Home
New patients	53
Home visits	2786
Number of groups (whole day)	2 (Chipping Norton; Witney)
Number of groups (half day)	3 (Banbury; Bicester; Henley)
Number of patients attending groups	56

Number of patients doing factory work at home	9
Number of patients doing industrial type work at home	11
Number of patients on specific remedial treatment	17
Number of patients receiving advice on activities of daily living	55

Sales figures

	April-Dec. 1962	April-Dec. 1963
Shop	£526	£423
Office	£198	£563
Total	£724	£986

Office sales include factory earnings for work done in groups and at home, equipment supplied to the County Council such as loose leaf files, ante-natal bags, enuresis apparatus, specially designed equipment as well as goods supplied to shops.

The main trend is away from dependence purely on craft work and towards activities and occupations which are more normally a part of every-day life. To this end, the patients' competition and garden party included two demonstrations, one on gardening for disabled people and one on beauty culture. Strenuous efforts are being made to find more factory outwork, especially for the young chronic disabled, and work for five patients who have learnt to type.

A great debt is owed to the many voluntary helpers who staff the groups so that the occupational therapists are free for visiting. The Bicester group has been greatly assisted by one helper who has missed only two sessions. Banbury has four volunteers who have attended since April, when the group began, and members of the WVS have looked after the Henley and Chipping Norton groups, which began in February and October respectively.

Maintaining the emphasis on normal activities, 55 patients have been advised on problems of dressing, toilet activities, etc, and many adaptations and aids have been made.

We have been fortunate in working in close co-operation with general practitioners, health visitors and district nurses, and hospital staff at all levels, and enjoy good relations with the local officers of the British Red Cross Society.

Marie Curie Memorial Foundation

The County Nursing Officer has continued to draw on the funds made available by the Foundation, and during the year £105 has been spent on persons in need.

Medical loan depots

The British Red Cross Society have continued to provide articles on loan from their medical loan depots in various parts of the County. Some articles are loaned free, while a small charge is made for others. During 1963, 358 articles were loaned for County patients.

Nursing equipment and domiciliary nursing aids

It is not always appreciated just how much can be done for disabled patients in their own homes by the supply of appliances, gadgets and even structural alterations. Where very severely disabled patients are concerned a good deal is already done, but life can be made so very much easier for those with comparatively mild disability if their requirements are carefully studied. In addition, the provision of suitable aids prevents a patient's admission to hospital or ensures an early discharge.

The County Health Department are responsible for supplying nursing aids to patients who need them, on a doctor's request. Examples of nursing aids are: special beds, mattresses, incontinence pads, ceiling hoists, Hoyer hoists, walking aids, appliances for helping the disabled with dressing, commodes, hand-rails and appliances to help with bathing, or to enable the patient to go to the lavatory. There are many devices which have been designed to help patients to be independent in their own homes. The most suitable appliance depends on the temperament of the patient, the nature of the handicap, and the home. What appears suitable at hospital may not be practicable in the home.

Convalescent treatment

On the recommendation of medical practitioners, 21 men, 31 women and 9 children were sent to various convalescent homes, mainly at resorts on the south coast. Over half the adults for whom arrangements were made were over the age of sixty.

Contributions towards the cost of convalescence were assessed in accordance with the scale approved by the County Council.

Chiropody

The chiropody service has continued to expand, and it is evident that it serves a very useful purpose.

a) Directly provided service

Chiropody sessions are held four times a week at Banbury and about twice a week at Henley Clinic.

b) Service provided by voluntary organisations

A grant of £1300 was made available to the British Red Cross Society for the clinics they provide at the following villages:

Bampton, Begbroke, Bicester, Burford, Chalgrove, Chipping Norton, Clanfield, Filkins, Goring, Hailey, Kidlington, Kingston Blount, Minster Lovell, Northmoor, Old Marston, Shiplake, Sonning Common, South Stoke, Standlake, Stanton Harcourt, Stoke Row, Thame, Tiddington, Watlington, Wheatley, Woodcote.

A grant of £645 was made to the Oxfordshire Association for the Care of Old People for the clinics at:

Benson, Bletchington, Carterton, Charlbury, Chinnor, Clifton Hampden, Deddington, Dorchester, Ewelme, Eynsham, Forest Hill, Freeland, Great Milton, Kingham, Littlemore, Leafield, Long Hanborough, North Leigh, Milton-under-Wychwood, Shipton-under-Wychwood, Woodstock, Wootton.

A grant of £50 was made to the Women's Voluntary Service for the chiropody which is held once every three weeks at Banbury.

HOME HELP SERVICE (SECTION 29)

In view of the success of the appointment of a part-time home help organiser in Banbury, a similar appointment was made for the south of the County, with the home help organiser working from the Henley Clinic. It is hoped that these appointments will result in a better standardisation of the service throughout the County. The demand for home helps is very great, and it is hardest to meet in those areas where industrial work is available. The search for a suitable person to act as home help often requires patience and perseverance. The great majority of helps are provided for the elderly, many of whom are in receipt of national assistance grants. Severely disabled patients also may need the services of a home help. There is no doubt that the provision of help in this way often makes it possible for patients to be treated at home and prevents hospital admission.

Aged 65 years or over	633
Aged under 65 years:	
Chronic sick and tuberculous	36
Mentally disordered	7
Maternity	24
Others	68

MENTAL HEALTH

Mental illness

Once again, the emphasis has been laid on the provision of social workers to assist in the care and rehabilitation of the mentally ill.

As will be seen from table I, the emergence service provided by the mental welfare officers has played a small, but important part. The total numbers of patients admitted to hospital compulsorily is small, but the time spent with these patients is very large. The time lapse between the initial call for help, and the final settling down of the patient in hospital may be several hours, and is seldom less than, say, two hours.

The increasing time allowance for each patient applies to the care and after-care work as well. More time has to be spent on each patient at every stage. This not only applies to the work done with the patient, but to time spent conferring with the medical staff about the patient.

There is undoubtedly room for improving the efficiency of the social worker provision, and towards the end of 1963 talks were commenced with the medical staff, Littlemore Hospital, with this in view. The result has been the establishment of a small working party to into the subject, under the chairmanship of Dr Letemendia, consultant psychiatrist, Littlemore Hospital.

Table I - Hospital admissions (mental illness)

Method of admission	1956	1957	1958	1959	1960	1961	1962	1963
Certified	45	27	37	19	2	1.1.60 to 31.10.60	-	-
Vol. & temp.	223	268	341	235	3		-	-
Observation	15	121	105	165	54		-	-
Informal				54	193	315	273	259
Section 29 (emergency)					9	62	56	48
Section 25 (observation)					5	13	27	30
Section 26 (treatment)					-	9	7	7
Other sections (60 and 65)								5
Totals	283	416	483	473	266	399	363	349

Table II - Social work (mental illness and subnormality)

	Supervisory visits	Special reports	Psychiatric invest. no action required	After-care visits	Misc. visits, employment, etc	Total visits
1959	955	127	2	77	320	1521
1960	898	122	1	355	567	1943
1961	1023	52	48	758	805	2686
1962	992	10	12	1105	965	3084
1963	803	7	16	864	951	2641

Mental subnormality

Table III - Mental subnormality

	Informal supervision	Guardianship	Hospital	Total
Number of patients known to LHA 31.12.61	378	12	279	669
Number of patients known to LHA 31.12.62	401	15	280	696
Number of patients known to LHA 31.12.63	468	14	282	764

Table IV - Hospital admission and discharges (mental subnormality)

1. Number of Oxfordshire patients in hospital 31.12.62	280
2. Admitted to hospital during the year:	
detained on sections	2
informal admissions long term	13
informal admissions short term	26
	41
3. Number discharged, or died, during the year	39
4. Number in hospital 31.12.63	282

Table V - Guardianship

	Under 16	Over 16	Total
Mentally ill 1.1.63-31.12.63	-	1	1
Subnormal & severely subnormal	2	11	13

Table VI - Training centres as on 31.12.63

	Under 16		Over 16		Total
	M	F	M	F	
1. Witney	13	9	13	17	52
2. Banbury***	16	13	16	15	60
3. Borocourt Day Hospital	5	7	10	4	26
4. Oxford City	4	-	3	1	8
5. Brighton**	-	-	1	1	2
6. Spastic Centre	2	3	-	1	6
Total	40	32	43	39	154

Number receiving home teaching during the year: 4

** These are Oxfordshire patients under the guardianship of this authority who are fostered in Brighton and Hove.

*** In addition 9 Northamptonshire patients attend this centre.

During 1963, an enquiry was carried out into some of the current problems in subnormality in Oxfordshire.

a) Incidence of subnormality

If one takes as a practical definition of subnormality 'those who suffer from intellectual and social inability to the extent that they require help from the Hospital and Local Authority Mental Health Services', then figures for many years back can be produced.

Table VII

Year	Total	Rate/1000	Hospital	Rate/1000	Home	Rate/1000
1963	764	3.52	282	1.30	482	2.22
1962	696	3.30	280	1.33	416	1.97
1961	669	3.26	279	1.36	390	1.90
1960	616	3.06	280	1.39	336	1.67
1955	598	3.12	268	1.40	330	1.72
1950	497	2.88	179	1.04	318	1.84

b) Training and employment of subnormals living at home

At the time of the enquiry (mid 1963) there were 443 subnormal persons living at home. Of these 154 (35 per cent) were attending day training centres. 124 (28 per cent) were in employment. In 30 cases, it was uncertain what they were doing at the time. In most of these the probability is that they were in employment, and temporarily out of contact with the department. There remained 135 who were at home doing nothing. Of these 24 were under five. In due course they will attend training centres. 108 were over 15-16 years of age. A sample of these persons was visited to see what their requirements were. It was considered that approximately fifty would benefit from attendance at an adult centre, and some of the remainder would receive some benefit from special care unit attendance. It would appear that something approaching 40 per cent of these persons living at home in virtual idleness will require residential care (hospital or hostel) within the next 5-10 years. This will be required either because of the increasing feebleness of those caring for them or to the death of their relatives.

An analysis was made of 88 persons attending the authority's training centres. They were placed in one of seven prognostic categories varying from complete dependence to complete independence. The three areas of 'residence', 'social support' and 'occupational environment' were taken into account. It was estimated that 10-15 per cent will be fully dependent all their lives, and that most of them would require hospital care at some time in the future. 5 per cent should achieve complete independence, although this proportion might be increased with improved training methods and facilities. The remaining 75-80 per cent will require some degree of sheltering for the rest of their lives, but will be quite capable of existing in the community and taking some part in the life of the community.

Employment of the mentally disordered

The adult training centres provided by Oxfordshire have made great strides in 1963. They provide for:

1. Continuation of training commenced in the junior centres and ESN schools, with the aim of making the individual as independent as his capabilities will allow.
2. A continuing place of employment for those who cannot achieve independence.

In the first phase of development, the emphasis has been on finding full employment within the centres. This has been achieved, although, by the introduction of machinery, work planning, and increased hours of work, there is still scope for greatly increased productivity.

Table VIII

	No. of workers	Average weekly turnover of earnings	Total value of work done (in terms of earnings)
January	58	£24	£ 96 12s 6d
November	74	£57	£285 17s 9d
	(December not quoted as this was an abnormal month)		
Average	66	£41	£1726 11s 9d

This represents the turnover of earnings on a 25-hour week, 42-week year.

The second phase, which we are now entering, is to establish these centres in 'factory type' premises, to concentrate on the training aspect, and to explore the possibilities of sending out groups to work in local industry.

Already three persons have been placed out in almost complete independence, and it is anticipated that 3-6 more will be so placed in 1964.

With the establishment of the 'factory style' adult centres, some places will be available for persons who are requiring retraining and rehabilitation following a mental illness.

The work of the advisory committee has helped considerably in establishing good relationships with industry at all levels. This committee - conducted jointly with the Oxford City Council and with the hospital authorities also concerned - meets quarterly. There are industrialists and trade unionists sitting on the committee. Its function is to consider the problems involved in the employment of mentally disordered persons, to suggest ways and means of furthering this work, and to foster, in any way possible, support from industry.

Projects

1. At the end of 1963 work had commenced on the children's hostel in West Bar, Banbury, which will provide a small family home for 12 subnormal children. This home should open in 1964.
2. The old people's home, which will specialise in the care of those who are mentally infirm, at Sandford is under construction. It should be open by mid 1964.
3. The adult and junior centres at Wheatley have reached an advanced planning stage, and should be available in 1965.
4. Negotiations are under way for sites at Witney and Banbury for new adult training centres. It is hoped that building will commence during 1964.
5. The hostel for adult female subnormal persons has again been set back because of site difficulties.
6. A site for the proposed hostel for adult male subnormal persons in Witney has been found. This project is scheduled for 1965/66.

TEN YEAR DEVELOPMENT PLAN OF LOCAL HEALTH AUTHORITIES

(as revised in 1963)

Capital programme 1963/64

Wheatley - Training centre and adult workshops for the mentally subnormal
(65 places)

Wheatley - Hostel for adult female subnormal persons (25 places)

Kidlington - Ambulance station

Sandford - Home for elderly persons (35 places)

Banbury - Hostel for mentally subnormal children (12 places)

Witney - Ambulance station

Henley - Ambulance station

Nurses' houses - Five

Capital programme 1964/65

Witney - Workshops for adult subnormal patients (50 places)

Witney - Special care unit for the mentally subnormal

Banbury - Training centre for adult patients with mental disorder (100 places)

Nurses' houses - Five

Chipping Norton - Ambulance station

Capital programme 1965/66

Witney - Hostel for male mentally subnormal patients (25 places)

Crowmarsh - Ambulance station

Nurses' houses - Five

Banbury - Hostel for psychiatric patients (20 places)

Banbury - Comprehensive health clinic

Bicester - Comprehensive health clinic

Capital programme 1966/67

Oxford - Workshops for patients suffering from mental illness (50 places)

Nurses' houses - Five

Capital programme 1967/68

Oxford - Hostel for discharged psychiatric patients (20 places)

Banbury - Residential home for elderly persons (35 places)

Kidlington - Comprehensive health clinic

Nurses' houses - Three

Capital programme 1968/69

Nurses' houses - three

Capital programme 1969/70

Thame - Comprehensive health clinic

Nurses' houses - Three

Capital programme 1970/71

Central Oxfordshire - Hostel for older mentally subnormal patients (40 places)

Henley - Training centre for mentally subnormal patients (70 places)

Nurse's house - One

Capital programme 1971/72

Central Oxfordshire - Hostel for mentally subnormal children (20 places)

Nurse's house - One

Capital programme 1972/73

Witney - Residential home for elderly persons (35 places)

STAFF OF HEALTH DEPARTMENT

Population of the County: 1963: 216,950

1971/2: 246,800

Category of staff	1963/64	1964/65	1965/66	1966/67	1967/68	1968/69	1973/4
Doctors (including M. O. H.)	5	6	6	6	6	6	7
Dentists	less than 1	less than 1	less than 1	1	more than 1	more than 1	more than 1
Domiciliary midwives	64	66	68	70	72	74	84
District nurses	40	41	43	44	46	47	55
Health visitors	5	5	5	5	5	5	5
Staff (other than domestic) in day nurseries	1	1	1	1	1	1	1
Other nursing staff in the health services	59 (16 amb) (7 SCV)	62 (16 amb) (8 SCV)	79 (17 amb) (10 SCV)	84 (17 amb) (10 SCV)	90 (17 amb) (12 SCV)	100 (18 amb) (13 SCV)	104 (19 amb) (13 SCV)
Ambulance staff of all grades (vehicles in brackets)	10	17	19	19	19	19	25
Staff (other than domestic) in training centres for mentally subnormal	86	96	106	116	126	137	191
Home helps (including supervisory staff)	4	17	24	24	34	34	51
Staff (other than domestic) in non-residential centres for the handicapped under S. 29/48	-	-	-	-	-	-	-
Staff for non-residential centres for patients with mental illness	-	2	2	4	4	4	4
Home teacher for mentally handicapped (also working part-time in training centre)	1	1	1	1	1	1	1
Domiciliary social or welfare workers:							
a) University or equivalent professional training (i.e. almoners, psychiatric social workers and family case workers)	1	1	2	2	2	2	3
b) General training in social work (i.e. with certificate of Social Workers Training Council when available)	2	2	3	3	3	4	6
c) Other social workers	3	3	3	3	3	3	3
d) Welfare assistants	-	-	-	-	-	-	-
e) Occupational therapists	2	2	3	3	3	4	5
f) Chiropodists	2	2	2	2	2	3	4

BLINDNESS

Mr R. T. Barre, Chief Welfare Officer, has kindly contributed the following information:

During the year ended 31st December 1963, 64 completed forms BD8 were received, 39 persons were admitted to the Blind Register, and 25 to the Register of Partially Sighted Persons.

One case of blindness due to retrolental fibroplasia was reported.

Of the 41 persons recommended for treatment 28 were dealt with during the year and received treatment as recommended.

A - Follow-up of registered blind and partially sighted persons

i) Number of cases registered during the year in respect of which form BD8 recommended: a) No treatment b) Treatment (medical, surgical or optical)	Cause of disability			
	Cataract	Glaucoma	Retrolental fibroplasia	Others
a) No treatment	5	2	-	16
b) Treatment (medical, surgical or optical)	12	9	1	19
ii) Number of cases at i)b above which on follow-up action have received treatment	6	8	1	13

B - Ophthalmia neonatorum

i) Total number of cases notified during the year	nil
ii) Number of cases in which: a) Vision lost b) Vision impaired c) Treatment continuing at end of year	nil

During the year ended 31st December 1963, six persons who were on the Partially Sighted Register were re-examined and placed on the Register of Blind Persons.

Cases certified blind and placed on the Register of Blind Persons for the County of Oxford during 1963

<u>Cause of blindness</u>	<u>Age group</u>	<u>Males</u>	<u>Females</u>	<u>Total</u>
Glaucoma	60-64	1	-	1
	70-79	2	3	5
	80-84	1	-	1
	85-89	1	-	1
Cataracts	O	1	-	1
	60-64	1	-	1
	70-79	-	1	1
	80-84	3	3	6
Retinal arterial obstruction	65-69	1	-	1
Retinal detachment & senile cataracts	90 plus	-	1	1

<u>Cause of blindness</u>	<u>Age group</u>	<u>Males</u>	<u>Females</u>	<u>Total</u>
Senile macular degeneration	70-79	1	1	2
	80-84	1	1	2
	85-89	-	1	1
Retinopathy	30-39	1	-	1
	70-79	-	2	2
	80-84	-	1	1
Optic atrophy	70-79	-	1	1
Bilateral central senile retinopathy and choroidal degeneration	70-79	2	1	3
	85-89	-	1	1
Diabetic retinopathy	70-79	1	-	1
Myopia and degenerative changes	85-89	-	1	1
Detachment of retina: central senile exudative choroidal retinopathy	65-69	-	1	1
Central senile areola of macula	70-79	-	1	1
Bilateral optic atrophy	70-79	1	-	1
Retrolental fibroplasia	11-15	1	-	1
		19	20	39

The total number of cases on the Blind Register for the County of Oxford at the 31st December 1963 was:

<u>Male</u>	<u>Female</u>	<u>Total</u>
148	205	355

Epilepsy

During 1963 there were ten persons in the care of the Welfare Committee in epileptic colonies.

Handicapped persons - 31st December 1963

The number of registered handicapped persons (deaf) was 88

The number of registered handicapped persons (general classes) was 129

INFECTIOUS DISEASES

Measles was the only respiratory infection to reach epidemic proportions in 1963. The majority of cases were notified in the first and second quarters. In Banbury there was an outbreak of dysentery, fifty-three cases being notified in the second quarter of the year. No cases of poliomyelitis, enteric fever, or diphtheria were notified.

Notification of infectious diseases 1963

Diseases	URBAN DISTRICTS							RURAL DISTRICTS							TOTALS FOR ADMINIS- TRATIVE COUNTY	
	Banbury Borough	Woodstock (Borough)	Chipping Norton (Borough)	Henley-on-Thames (Borough)	Bicester	Witney	Thame	TOTALS FOR COMBINED URBAN DISTRICTS	Banbury	Chipping Norton	Witney	Bullington	Henley	Ploughley		TOTALS FOR COMBINED RURAL DISTRICTS
Scarlet fever	4					4		8	1	1		17	6	30	55	63
Whooping cough	14					5		19	6	15	5	13	1	3	43	62
Poliomyelitis Paralytic Non-paralytic																
Measles	374	129	16	13	1	7	15	555	259	373	525	828	235	711	2931	3486
Diphtheria																
Dysentery	64				1	4	2	71	1		17	16	27		61	132
Meningococcal infection														1	1	1
Pneumonia												5	5	6	16	16
Smallpox																
Acute encephali- tis-infective																
Typhoid fever												1			1	1
Paratyphoid fever												1			1	1
Erysipelas	1							1		1		2			3	4
Food poisoning	1				2			3	1			5	1	2	9	12
Tuberculosis																
Respiratory	8	1	1	4	6	4	1	25	1	6	10	8	3	12	40	65
Non-respiratory	3	1						4				3		3	6	10
Puerperal pyrexia	1					1		2		1					1	3
Ophthalmia neonatorum																
Anthrax																

Tuberculosis

I am indebted to Dr J. M. Black for the following report:

'Tuberculosis continues to be with us, and an analysis of the new notifications derived from the weekly returns of the two Combined Districts of Oxfordshire shows the disease distribution.

New notifications of tuberculosis 1963

Ages	Pulmonary		Non-pulmonary		Total
	Male	Female	Male	Female	
0-14	4	6	1	0	11
15-44	11	9	2	6	28
45-64	20	9	0	1	30
65+	6	6	0	1	13
All ages	41	30	3	8	82

Compared with 1962 the distribution of cases is similar, except there is a shift of the disease from the young adult to the older adult age groups especially in the male, and there are two more male cases and twelve more female cases. This increase is not entirely due to new immigrants. Of the new notifications only four are Pakistanis or Indians, one is an Italian and one a Ukrainian. Although a few hundred Pakistanis work in Bicester at the Command Ordnance Depot, most of them live in Oxford City.

Seventeen patients on the tuberculosis register died during the year; the cause of death was mainly heart or other conditions, but long-standing tuberculosis did play a part in some of them. There are still too many cases which are moderately advanced when first diagnosed, and this means they will have sown seeds of trouble in other people's lungs, seeds which may ripen any time during the next decade or two.

The whole problem of eradicating tuberculosis is dependent on finding the ever present infector pool. Even if some people are naturally susceptible to the disease they would not contract it if they were not exposed to infection. Tuberculin surveys of school children and the examination of positive reactors and their contacts have not been very fruitful. Mass X-ray surveys have not yielded many cases either. The GP referral service, however, has been valuable in case finding and should be extended. Dr Gerrard of the Northampton Mass Radiography Service compares the work of a general practitioner referral unit and a mass radiography unit over a nine-month period in 1962 and states 'not only was the pick-up rate higher for pulmonary tuberculosis (3.66 cases per thousand examined in GP referrals, 0.25 per thousand in volunteer mass radiography groups) but more cases were found by the GP referral unit.' The increasing number of Pakistanis and Indians in this area will help to increase the infector pool and this is underlined by the findings in Bradford, where there are over 10,000 Pakistanis. The incidence of tuberculosis among the latter is 20 per thousand, which is thirty times greater than the incidence in the British population in the city of Bradford.

Valuable work in tuberculosis control has been performed by Miss Edwards and the health visitors throughout the County. In addition to their numerous duties they have arranged for many contact examinations. The success of their work is a measure of their tact and enthusiasm.

In conclusion it is felt that the infector pool could be considerably reduced:

- a) By an extension of the GP referral X-ray service

- b) By an awareness of the value of X-raying likely patients at an early stage
- c) By the patients themselves reporting their symptoms as early as possible
- d) By pursuing our present policies as vigorously as possible.'

Tuberculosis surveys

Detailed investigations and inspections were carried out at:

- 1) A primary school, after a school child was notified as suffering from tuberculosis. X-rays were taken of the other pupils, but no further case of tuberculosis was found.
- 2) A secondary modern schook, after a school child was notified as suffering from tuberculosis. Eighty children and fifteen staff were X-rayed. Two children with previously notified parents were referred to the Chest Clinic for further investigation.
- 3) A grammar school. One school child was notified as suffering from tuberculosis, having been referred for investigation when found to be a positive reactor at the school BCG session. As a result of the X-rays taken of the staff and pupils, one teacher was recommended for further investigation and later notified as suffering from tuberculosis. It is not considered that there could be any connection between these two cases.
- 4) A residential special school, after a child was notified as suffering from tuberculosis. X-rays were taken of the other pupils and staff, but no further case was discovered.

Kidlington survey

Following the notification of several cases of tuberculosis in Kidlington, a special survey was undertaken in an attempt to detect the source of the infection. In all, about 1643 children aged 5-15 years in five schools took part in the survey. This represents 98 per cent of the Kidlington school population who were invited. A further 25 were lost to the survey due to absence, etc.

Of the remaining 1618, 276 had previously been given BCG vaccination, many of them in infancy. Only ten of these had a negative 'Heaf' reaction. Most of these 276 were in the 13+ age groups, i.e. born before 1950.

A further 24 children were not investigated further. They were already known to have a positive skin test, and included two notified cases of tuberculosis, and children attending the Chest Clinic. They were, however, included in the total as positive reactors. Thus of the total of 1342 children, 118 were positive and 1224 negative (8.7 per cent positive).

This figure, however, is biased in that no account is taken of those children who have previously had BCG vaccination and were negative reactors at that time. All positive reactors - previously known and newly found - have, in contrast, been included.

If, then, these children are included as if they were negative reactors, the corrected figures are:

Tested 1618 (1342 + 276) Positive 118 Per cent positive 7.3

Of the five schools, one is a large secondary school, one is an infants school, and the other three are for both infant and junior children.

	Percentage Heaf-positive reactor rate	
	Crude rate	Corrected rate
Secondary school (11-15 years)	13.4 per cent	12.6 per cent
Junior & infant (5-11 years)	5.7 per cent	5.2 per cent
Infants only (5-7 years)	4.5 per cent	4.1 per cent
All schools	8.6 per cent	7.3 per cent

Follow-up of the positive reactors

All but fourteen of the 94 positive reactors (i.e. 118 less the 24 already under some surveillance) attended for chest X-ray at either the Chest Clinic or at the 100 m.m. Unit of the Mass Radiography Service.

The results were classified as follows:

1. Report satisfactory - no chest lesions seen	77
2. Old healed or inactive lesions	1
3. Lesions requiring follow-up	<u>2</u>
	80
Not X-rayed	<u>14</u>
	<u>94</u>

The reasons given for no X-ray being taken in fourteen instances were as follows:

Moved out of area	1
Refused X-ray	1
Did not attend - no reason	<u>11</u>
	13
X-rayed previously at Chest Clinic	<u>1</u>
	<u>14</u>

Sources of infection

An attempt was made to trace the source of infection of these 94 positive reactors. The results were classified as follows:

No source traced	74
Probable source: Household - relative	1
Household - non-relative	0
Non-household - relative	3
Non-household - non-relative	5*
Possible source: Household - relative	1
Household - non-relative	0
Non-household - relative	5
Non-household - non-relative	<u>5</u>
	<u>94</u>

*Of these five children, four were probably infected from one source - the source which was responsible for the original crop of notifications. Three of the four were members of the same family.

Follow-up of families

The 94 positive reactors represented 88 families. Of these, one moved from the area before investigations would be carried out, one had previously been investigated, and one refused to co-operate. In addition, fourteen other families were not followed up for various reasons. Thus the following figures represent the follow-up of 71 families.

Young children were Heaf tested, and older persons either Heaf tested or, more usually, referred for X-ray. Any reacting positively were referred for X-ray unless otherwise stated.

257 household contacts were enumerated in connection with these 71 families (3.6 per family). Twelve refused investigation, and four failed to attend the X-ray unit. Two results are still outstanding, and evidence of a recent satisfactory X-ray was obtained in four instances.

Thus 239 persons were investigated further, 87 by skin testing and 152 by X-ray.

Heaf tests

Negative	82
Positive	<u>5</u> (3 due to prior BCG; 2 not X-rayed)
	<u>87</u>

X-rays

Satisfactory	138
Healed lesions	5
For follow-up	<u>9*</u>
	<u>152</u>

*one of these persons has now been notified as suffering from tuberculosis.

In addition fourteen non-household contacts were listed. Five refused X-rays and one failed to attend. Seven had satisfactory X-rays, and one had a negative Heaf test.

Venereal disease

This year the Minister of Health has asked for details to be provided of health education in relation to venereal disease.

Talks are given to adolescent girls in schools by a number of health visitors. A series of five talks is given on 'An outline of preparation for life'. The talks cover the mental and physical changes of adolescence; relationships between the sexes; sex and the law; marriage, etc. Many unsolicited testimonials of the value of these talks are received in the health department and it is evident that they are considered most helpful both by the teachers and the children. Perhaps it is significant that girls, in their fourteenth year, felt that the talks should be given to younger children. A number of requests have been received from teachers for similar talks to be given to the boys, but there is no member of the medical staff available for this purpose.

For health education work outside the schools reliance is placed mainly on the close liaison which exists between health visitors and the clinical and social workers at the special treatment centres. Sound preventive work results in better co-operation from contacts who might otherwise resent investigation and refuse treatment. The work is delegated in the main to the assistant superintendent health visitor, who maintains close contact with the various units of the armed forces in the County.

I am indebted to Dr P. Mallam for the following report:

'In 1962 there was an increase of 25 per cent on the figures for 1961. This year, however, the increase is very much less, and when looked at in detail has been concentrated in three main groups:

1. The number of patients with latent syphilis referred to the clinic.
2. The number of patients attending the clinic with conditions not requiring treatment. This seems to be partly a result of the increased publicity given to venereal disease in the daily papers and on television during 1963 (a number of patients said they had attended as a result of articles they had read in the papers).
3. The number of women attending who have gonorrhoea. Only 37 women had treatment for gonorrhoea in 1962 compared with 73 in 1963. This has partly closed the large gap existing between the number of men and women attending in 1962.

It is to be hoped that this increase in female figures does not necessarily show an increase in the incidence of gonorrhoea, but rather that contact tracing, and improved publicity is being effective in encouraging infected women

to attend the clinic. This should help to control the incidence of male gonorrhoea and perhaps the very small increase in male figures this year (only five compared with an increase of 51 in 1962) is an indication of the success of this.

Age groups of patients with gonorrhoea

Ages	1962		1963	
	Male	Female	Male	Female
Under 16	-	1	-	1
16-17	2	1	2	1
18-19	11	8	10	18
20-24	63	16	62	30
25+	111	9	119	23

There has been no appreciable difference in the age groups of men attending the clinic, but in each of the three age groups from 18-25+ the women's attendances have more than doubled.'

	1959			1960			1961			1962			1963		
	O	R	T	O	R	T	O	R	T	O	R	T	O	R	T
Syphilis	8	1	9	5	-	5	2	1	3	11	1	12	15	-	15
Gonorrhoea	46	1	47	28	2	30	27	2	29	35	7	42	53	1	54
Other	103	5	108	96	4	100	88	4	92	99	15	114	113	6	119
Total	157	7	164	129	6	135	117	7	124	145	23	168	181	7	188

O = Radcliffe Infirmary, Oxford R = Royal Berks Hospital, Reading T = Total

Rural water supplies and sewerage Acts, 1944-1961

Local Government Act 1958

For purposes of observation and contribution by the County Council under the above Acts, eight proposed schemes of sewerage and sewage disposal estimated to cost £524,858 and three schemes of proposed mains water supply to the value of £488,625 were received from the County District Councils, both urban and rural.

Following technical consideration the schemes were approved in principle by the County Council, although certain observations were made in connection with some of them.

Rural housing survey

Following the recommendations of the Hobhouse Third Report on Rural Housing, a survey of rural properties to a then rateable value of up to £20 was undertaken by the rural district councils, the work of the survey being under the auspices of the Oxfordshire Joint Housing Committee, which, amongst its various duties, ensured uniformity of the survey. The date of completion, along with the finding of the survey, is shown in the columns marked by a + sign. The housing position is brought up to date each year, but in order to maintain uniformity with the original survey post-war housing is excluded.

Rural housing survey	Banbury		Bullingdon		Chipping Norton		Henley		Ploughley		Witney		Totals	
	+1951	1963	+1953	1963	+1947	1963	+1950	1963	+1949	1963	+1953	1963	-	1963
Group 1 Satisfactory in all respects	609	1266	2702	2983	762	1448	1349	2138	886	2804	1210	1971	7518	12610
Group 2 With minor defects	688	477	1729	2301	1467	1305	1223	323	1315	584	891	849	7313	5839
Group 3 Requiring repair, structural alterations or improvements	922	859	1780	1068	1282	937	855	770	1113	70	2263	1461	8215	5165
Group 4 Unfit for habitation & beyond repair at a reasonable cost	827	240	534	107	400	29	55	48	453	72	300	234	2569	730
	3046	2842	6745	6459	3911	3719	3482	3279	3767	3530	4664	4515	25615	24344

Note: +year survey completed

Rural housing

The following information is presented for purpose of Section 116 of the Housing Act 1957, which requires county councils to have constant regard to housing conditions in rural districts, to the extent to which overcrowding or other unsatisfactory conditions exist, and the sufficiency of the steps which the rural district council has taken, or is proposing to take, to remedy those conditions and to provide further housing accommodation.

Ban-bury	Bull-ingdon	Chipping Norton	Henley	Plough-ley	Witney	Totals	
						1962	1963
186	758	389	275	195	530	2378	2333
-	-	-	-	-	4	4	4
-	-	1	-	-	-	1	1
-	-	-	-	-	3	1	3
36	910	6	236	182	437	1875	1807
-	186	34	45	78	8	461	351
-	4	-	-	2	-	10	6
39	26	21	20	33	51	157	190
18	23	28	7	20	69	135	165
25	53	25	32	30	40	250	205
-	31	1	-	6	4	33	42
-	37	-	-	10	8	36	55
3	26	-	1	38	23	104	91
-	2	-	-	1	1	9	4
1	1	4	6	-	2	5	14
18	23	141	20	28	44	279	274
1	17	8	-	6	9	62	41
19	-	7	1	50	15	80	92
-	1	-	-	-	-	3	1
2	3	2	-	1	13	21	21
51	16	-	10	2	121	214	200

General rural housing data

Applicants for council houses
Ex-Service hutments converted & in use as temporary housing
Ex-Service hutments not converted but inhabited
Cases of known overcrowding
Caravans used for housing
Houses within survey reconditioned or improved, informal action by owners
Houses within survey demolished, informal action by owners
Dwellings towards which advances for purchase have been made
Applications approved for improvement grant
a) standard grants
b) discretionary grants
Demolition orders served
Demolition orders outstanding
a) occupied premises
b) unoccupied premises
Undertakings accepted to make fit
Undertakings accepted not to use for human habitation
Undertakings outstanding
Houses demolished
Houses made fit
Houses acquired by local authority
Closing orders made
Closing orders outstanding

Provision of <u>new rural housing</u>	Ban - bury	Bull - ingdon	Chipping Norton	Henley	Plough - ley	Witney	Totals	
							1962	1963
By local authorities:								
Under construction	-	109	57	-	30	68	195	264
Completed 1963	18	56	13	4	47	51	231	189
Completed 1.4.45 to 31.12.63	662	1670	764	716	1309	1258	6190	6379
By private builders:								
Under construction	252	427	110	180	133	231	1213	1333
Completed 1963	203	258	54	87	115	324	825	1041
Completed 1.4.45 to 31.12.63	761	2181	388	1451	2104	972	6816	7857

Information obtained from the Ministry of Housing and Local Government
Housing Return, 31.12.63

FOOD AND DRUGS

FOOD AND DRUGS ACT 1955

MILK AND DAIRIES

The Milk (Special Designation) Regulations, 1960 and 1963

The department has maintained its policy of milk sampling, with the aim of ensuring that all milk produced, processed and sold within the County reaches the consumer in a clean and wholesome condition and free from disease producing organisms. The work involved is summarised under the following headings:

Pasteurisation of milk

Eight dairies are licenced by the County Council to pasteurise milk and some 31,000 gallons of milk are heat-treated each day. From these dairies 773 samples of pasteurised milk were obtained to check compliance with legal requirements. Upon notification of a failure the County Public Health Officer visits the dairy to ascertain the cause and to see that the defect is corrected.

Sample summary

	Passed	Failed	Void	Total
Phosphatase test (for effective pasteurisation)	771	2	-	773
Methylene blue test (for cleanliness & keeping quality)	748	23	2*	773

*Due to atmospheric shade temperature, at which samples have to be kept for a period, exceeding 70°F.

Retail sale of designated milk

The County Council is responsible for the licensing of those dairies and shops where milk is offered for sale. 177 dealers pre-packed milk licences have been issued, five more than in 1962. Pasteurised milk, which includes the grades Tuberculin Tested Pasteurised and TT Channel Islands Pasteurised, form the major sale, although Sterilised milk is widely available. Raw Tuberculin Tested milk is sold by six dealers, eight less than in 1962, and is now all farm bottled, prior to distribution to retailers who sell to the public. The remaining dairyman who purchased milk from a farm for bottling gave up earlier in the year.

Altogether 465 samples of milk were submitted for examination and are summarised as follows:

Sample summary

	Phosphatase test		Methylene blue test			
Pasteurised milk	Passed	Failed	Passed	Failed	Void	Total
	333	2	308	19	8	335
Sterilised milk	Turbidity test					60
	Passed	Failed				
	58	2				
Raw TT milk	Methylene blue test				70	
	Passed	Failed	Void			
	52	15	3			
			Total number of samples			465

Unsatisfactory reports are investigated and steps taken to remedy the defects.

Milk bottle and churn cleanliness

Although no legal bacteriological standard exists for the cleanliness of milk receptacles, it is a condition of the Milk and Dairies (General) Regulations 1959 that such receptacles are in 'a state of thorough cleanliness' before use. For some years now the Public Health Laboratory Service have used an agreed classification which has been applied to the rinses from churns and washed milk bottles taken at pasteurising dairies for bacteriological examination. Vessels so examined gave the following results:

	Bottles	Churns
Satisfactory	61	33
Fairly satisfactory	6	1
Unsatisfactory	23	7
Invalid	12	-
Total	102	41

Milk in schools scheme

All schools and children's homes in the County are supplied with pasteurised milk from sixteen pasteurising establishments, eight of which are situated outside the County. The source of supply of a large quantity of school milk is therefore outside the control of the County Council, and this increases the need for regular sampling. Eighty-five samples of milk were submitted; all unsatisfactory samples were followed up.

	Phosphatase test		Methylene blue test		
	Passed	Failed	Passed	Failed	Void
School supplies pasteurised milk	85	-	73	11	1

Specified areas

The County is covered by Specified Area Orders whereby only designated milk may be retailed. General supervision is maintained; the one infringement found was satisfactorily dealt with.

Biological examination of milk and cream

There are 52 producer-retailers in the County, ten fewer than in 1962. These are farm supplies, where Tuberculin Tested milk is produced and bottled on the farm, and represent mainly small village sales. Milk supplies are submitted for biological examination for bovine tuberculosis and brucella abortus. Two herds were found positive for brucella abortus, and in each herd an infected cow was detected. Milk from these animals was sent for pasteurisation, and when the cow became 'dry' they were slaughtered.

Farm produced cream, of which there were five major sources of supply, is submitted for biological examination as well as routine general bacteriolo-

gical examination. One such supply of cream was found to be heavily infected with staphylococcus aureus. Samples were taken from individual cows in the herd in order to trace the infected animals. These cows were then isolated and the herd came under veterinary control.

Over the past year there has been a steady increase in the sale of cream. Although a large proportion of cream offered for sale is pasteurised, and therefore free from disease producing organisms, the public are unable to distinguish between pasteurised cream and farm cream produced by mechanical separation of milk. Both types of cream are frequently sold as fresh or dairy cream. This situation is anomalous when it is considered that all milk must be sold under the designations 'Pasteurised', 'Sterilised', and 'Tuberculin Tested', in order that the public may know exactly what type of milk they are purchasing. Accordingly the County Council submitted to the County Councils Association proposals that the Ministry of Health should introduce legislation whereby cream that is pasteurised is sold as such and should be subject to tests for pasteurisation and keeping quality. Altogether a total of 105 samples of raw milk, including cream, were submitted for examination.

SCHOOL HEALTH SERVICE

The health of school children in Oxfordshire

As in previous years, the reports from school medical officers draw attention to the excellent physical health of children attending the schools they visit. The chief infections which resulted in school absences were measles, chicken-pox and mumps, but the infections do not seem to have been virulent, and complications were not reported.

It has been customary to discuss the value of routine school medical inspections in relation to the defects found by the doctors carrying them out, but this year two reports refer to the value placed by parents on regular medical inspections. One states that parents appreciate school medical examinations as they are accustomed to 'annual medicals'. Another doctor writes: 'These inspections are readily accepted by parents. The opinion of some parents is that a periodic health check is a good thing because it is not likely to occur again in the lifetime of the majority.'

Selective medical inspections - the other form of school medical inspections - are carried out with the aid of a questionnaire to parents, offering them a medical examination of all children in the age group under review; and also by bringing forward any children whom the school doctors, teachers, or health visitors consider would be helped by medical examination and advice. This scheme of examinations is undertaken at Chipping Norton, Littlemore, Henley and Eynsham. One school doctor gives the following review of his experience of selective inspections over a period of several years:

'School attendance in this area is above that for areas for which figures have been published, and absences for social or unknown reasons are not great. The vast majority of absences from school are connected with infections of the respiratory tract. Accidents form a surprisingly small percentage of school absences.

'When combined with the questionnaire, the eleven year examination can be replaced by the selective examination with greater efficiency. This is because the teachers will bring forward many children on account of backwardness and because of behaviour problems. At these selective examinations the school doctor has the opportunity to study the tripartite relationship between educational attainments, physical illness, and behaviour and social problems. Furthermore doctor and teacher can tentatively try to work out teaching methods most suitable for individual children, since they will almost certainly involve physical considerations. The school medical examination thus becomes truly part of the educational services.

'The school doctor also has the opportunity of supervising children having speech therapy, which is often closely related to educational attainment, and those children having remedial exercises.

'This does not mean any less work for doctors in the school medical service and it can be expected that, in the future, educational medicine will be a subject to be ranked with industrial medicine.'

A number of doctors draw attention to the visual defects revealed by annual inspections in the schools. Postural defects, and foot abnormalities are also referred to; the exercise classes have been of great help in minimising handicaps. An increase in the dental staff has resulted in a better dental service in some areas, and here the improved dental health has been noted by doctors at their inspections. Elsewhere comment has again been made of the serious state of dental decay in young children.

The value of routine testing of children's hearing as well as vision is emphasised by several doctors. 'I greatly appreciate the audiometry screening tests which are being done, especially in dealing with parents who are anxious about their children's hearing.' On the same subject another doctor comments: 'I would like to say how much the audiogram service has been of value during the year. It seems to me that this service fills a much needed want, and I am sure that school masters and school mistresses appreciate the help they get from this very useful innovation.' This is confirmed by a headmaster who writes as follows regarding five children who were tested and found to have hearing loss, and who subsequently received hospital treatment: 'All these children were very retarded and four out of the five were non-readers. Since they have had treatment, the progress of the children has been most marked.' Details of three of these children are given under the section on audiometry.

Special attention is drawn to the apparently high number of children ascertained to have hearing loss, in classes and schools for educationally subnormal pupils. Six per cent of school entrants were referred to the ear, nose and throat department for hearing loss. But fifteen per cent of educationally subnormal children at the residential school, and a day class in a secondary school, had to be referred to hospital for hearing loss. The number on which the latter percentage is based (115) is relatively small, and hence this high result may be due to chance. Nevertheless it does suggest that hearing loss in backward children may be too readily accepted as part of the backwardness, and that backward children do not draw attention to complaints in the same way as their more intelligent schoolfellows. In future arrangements are being made for educationally subnormal children in special schools and classes to have their hearing tested once a year.

It gives pleasure to report that once again school doctors draw attention to the good relationships and excellent co-operation they have with health visitors and school teachers.

SCHOOL HEALTH SERVICE

COMMITTEE AND STAFF

Special Services Board of the Education Committee

J. A. Fenemore, Esq. (Chairman)	Mrs M. H. Hichens, CBE
Mrs P. MacDougall	Lt. Col. The Right Hon. Lord Saye and Sele, OBE, MC, DL
Mrs B. Ledger	C. J. Peers, Esq.
H. Mears, Esq.	The Revd J. Roddy
	W. G. Bayley, Esq.
	R. S. Thompson, Esq.

Staff of School Medical Service, 1963

Principal School Medical Officer M. J. Pleydell, MC, MD, DPH

Deputy Principal School Medical Officer J. A. G. Watson, MB, BS, DPH

General Practitioners who act as School Medical Officers:

Dr D. C. Harris	Dr R. G. Eager	Dr F. J. S. Chapman
Dr M. B. Noble	Dr J. F. Monk	Dr H. F. McCabe
Dr G. L. Stroud	Dr F. E. James	Dr F. A. Bevan
Dr Anne Davies	Dr D. Richardson	Dr A. Sharman Beer
Dr R. G. P. Almond	Dr G. D. Bolsover	Dr J. W. Bullen
Dr M. A. Slee	Dr L. J. Timings	Dr T. Cocks
Dr A. J. Campbell	Dr P. M. M. Pritchard	Dr T. D. Thorne
Dr N. J. P. Hewlings	Dr J. B. Gleeson	Dr E. Herrin
Dr W. Dickson	Dr J. A. Forbes	Dr C. W. Stringfellow
Dr A. P. Millar		

Principal School Dental Officer J. Rodgers, DFM, LDS, RFPS

School Dental Officers:

Mrs L. Stolarow, DAS	H. L. Davies, LDS, RCS
R. L. Davies, LDS	Miss J. Lynch, LDS, RCS
W. J. Cook, LDS, RCS (part-time)	(appointed 5. 1. 63)

Superintendent of School Nurses Miss E. Richards, SRN, SCM, MTD
HVCert, QNS

Deputy Superintendent of School Nurses Miss C. E. Henry, SRN, SCM, MTS
HVCert

School Nurses/Health Visitors Thirty

Educational Psychologists Miss M. Markham, BA
Mrs M. J. Scott-Blair (part-time)

Speech Therapists Miss J. Ash, LCST
Miss M. Marshall, LCST
(appointed 1. 9. 63)
Miss J. Foot, LCST
(appointed 9. 9. 63)

Physiotherapists Miss H. Munns, MCSP
Miss M. J. Bouch, MCSP (part-time)
Miss M. Dunford, MCSP (part-time)
Miss C. Tudor Evans, MCSP (part-time)

STATISTICS

Return of medical examinations for the year ended 31st December 1963
(including Banbury Borough)

ROUTINE MEDICAL EXAMINATIONS

Number of Code Group Examinations	<u>1962</u>	<u>1963</u>
Entrants	3959	3893
Second age group	2268	1983
Third age group	<u>1577</u>	<u>1733</u>
Total	7804	7609
Number of other periodic examinations	<u>119</u>	<u>131</u>
Grand total	<u>7923</u>	<u>7740</u>

OTHER EXAMINATIONS

Number of special examinations	876	992
Number of re-examinations	<u>1289</u>	<u>1332</u>
Total	<u>2165</u>	<u>2324</u>

A - Return of defects found by medical examination in the year ended 31 Dec. 1963

<u>Defect or disease</u>	(1)	(2)	(3)	(4)	(5)
		<u>Periodic examinations</u>		<u>Special examinations</u>	
		Number requiring		Number requiring	
		Number requiring treatment	to be kept under observation but not requiring treatment	Number requiring treatment	to be kept under observation but not requiring treatment
Skin		43	72	2	4
Eyes - Vision		388	194	47	15
Squint		46	26	3	-
Other conditions		28	14	5	2
Ears - Defective hearing		33	37	6	4
Otitis media		6	29	-	-
Other ear diseases		16	24	4	3
Nose and throat		144	231	19	11
Speech		41	57	3	1
Lymphatic glands		3	40	-	-
Heart and circulation		12	54	-	3
Lungs		18	85	3	2
Developmental - Hernia		5	10	-	2
Other		24	74	1	2
Orthopaedic - Posture		139	112	10	5
Flat foot		101	141	12	7
Other		90	136	11	5
Nervous system - Epilepsy		4	8	-	-
Other		6	22	-	2
Psychological - Development		5	36	2	-
Stability		3	37	1	-
Abdomen		8	13	-	3
Other		60	78	21	17

B - Classification of the nutrition of children examined during the year in the routine age groups

<u>Age groups</u>	Number of children inspected	<u>Satisfactory</u>		<u>Unsatisfactory</u>	
		Number	Per cent	Number	Per cent
Entrants	3893	3863	99.2	30	.8
Second age group	1983	1965	99.1	18	.9
Third age group	1733	1720	99.3	13	.7
Other periodic inspections	<u>131</u>	<u>128</u>	<u>97.7</u>	<u>3</u>	<u>2.3</u>
	7740	7676	99.2	64	.8

C - Number of individual children found at routine medical examination to require treatment (excluding uncleanness and dental disease)

(1)	(2)	(3)	(4)
Group	For defective vision (excluding squint)	For all other conditions recorded in Table A	Total
Prescribed groups:			
Entrants	172	401	536
Second age group	119	188	290
Third age group	<u>97</u>	<u>156</u>	<u>239</u>
Total (prescribed groups)	388	745	1065
Other periodic examinations	<u>23</u>	<u>29</u>	<u>47</u>
	<u>411</u>	<u>774</u>	<u>1112</u>

RETURN OF DEFECTS TREATED DURING YEAR ENDED 31st DECEMBER 1963

Defective vision and squint (excluding minor eye defects treated as minor ailments)

<u>Defect or disease</u>	<u>Number of cases treated</u>
Errors of refraction (including squint)	1492
Total number of children for whom spectacles were prescribed	781

Treatment of defects of ear, nose and throat

<u>Defect or disease</u>	<u>Number of cases treated</u>
Received operative treatment:	
(a) for diseases of ear	14
(b) for adenoids and chronic tonsilitis	371
(c) for other nose and throat conditions	21
Received other forms of treatment	<u>42</u>
Total	448

Uncleanliness and verminous conditions

1. Number of children found unclean	71
2. Number of individual pupils in respect of whom cleansing notices were issued	None
3. Number of individual pupils in respect of whom cleansing orders were issued	None

Handicapped pupils in special schools

Category	In special schools	Awaiting vacancies	Home tuition and tuition in hospitals	In hospital schools	Total	Dis-charged	New cases ascertained in 1963
a) Blind	10	2	-	-	12	1	2
b) Partially sighted	5	1	-	-	6	-	1
c) Deaf	4		-	-	4	-	-
d) Partially hearing	Residential 2 Day PD unit 15	-	-	-	17	-	1
e) Educa-tionally sub-normal	Woodeaton Manor 58 Out County 38 Day special 27 Special classes 58	7 2 2 -	- 1 - -	- - 	 193	 18	 29
f) Epileptic	2	-	-	-	2	1	1
g) Mal-adjusted	Hostels 11 Schools 15 Day special 4	2 2 -	- - -	 2 	 36 	 7 	 8
h) Physically handi-capped	Day 5 Boarding 21	 5	 6	 11	 48	 4	 6
i) Speech	1	-	-	-	1	-	-
j) Delicate	Boarding 9 Day 4	 1	 1	 -	 15	 6	 8

Handicapped pupils

Blind - Two pupils have been certified as blind. The authority has ten pupils in residential schools for the blind.

Partially sighted - One new case has been reported and two pupils were admitted to special schools. Five partially sighted pupils are now in special schools.

Deaf - No new cases were assessed during the year. At the end of the year four pupils were receiving education in boarding schools for the deaf.

Partially hearing - One child was ascertained as partially deaf, and two are now receiving education in a special school. Fifteen children attended the partially deaf unit in schools in Oxford.

Delicate - Eight new cases were reported and four admissions to special schools were arranged. At the end of the year nine pupils were in attendance at special schools.

Physically handicapped - Six new cases were reported and four were admitted to special schools. At the end of the year twenty-six physically handicapped pupils were receiving special educational treatment.

Educationally subnormal - Twenty-nine children were assessed as requiring education in special schools; twenty-six were so placed. A total of 123 children are now in day or boarding schools.

Maladjusted - Eight pupils were placed in hostels or boarding special schools. On 31st December eleven children were attending hostels and nineteen were attending special boarding schools.

Epileptic - Two epileptic children are being educated at boarding schools.

Tuberculosis

Ten cases of respiratory tuberculosis amongst school children were notified. The ages of the children affected varied from 5 to 14 years.

Four schools were surveyed following the notification of four children. One was a primary school, one a secondary modern school, one a grammar school and one a private residential special school.

	Skin tested	Negative	Positive		X-rays		
			Due to BCG vaccinations	Others	No lesion seen	Healed lesion	Requiring follow-up
1 primary school ages 5-11years	114	101	8	5	5	-	-
1 secondary modern school ages 11-15 years	-	-	-	-	78	-	2
1 grammar school ages 11-18 years	275	115	136	24	31	-	-
1 residential special school	45	34	1	10	8	3	-
Totals	434	250	145	39	122	3	2

In addition, the staff and families of these schools were examined.

Skin tests			X-rays		
Negative	Positive	Positive due to BCG vaccination	No lesion seen	Healed lesion	requiring follow-up
6	27	3	65	1	1

BCG vaccination

In the school year consent for Mantoux testing and vaccination was returned for 2016 children, which represents an acceptance rate of 85 per cent. 196 children tested were Mantoux positive, a rate of 10 per cent. The number vaccinated was 1656. Details are shown under the immunisation section.

Minor ailments

A minor ailment clinic is held daily at the Banbury Clinic. During the year 71 cases attended at the clinic.

Medical examination of teachers

Since 1st April 1952 all teachers entering the profession and all candidates entering training colleges must have a satisfactory medical examination. During 1963 thirty-two teachers and 108 entrants to training colleges were examined.

Medical examination of children in part-time employment

Eighty-five school children who were in part-time employment were examined by the school medical officers. In no case was it considered that such employment would be prejudicial to the health of the children.

Health education - smoking and health

The policy has been continued whereby leaflets and other forms of publicity material have been made available to district medical officers and school teachers. In December a special campaign was started in the schools, when one of the mobile units from the Central Council for Health Education visited secondary schools at Banbury, Chipping Norton, Burford, Witney, Eynsham, Bicester and Henley. Prior to the visit, headmasters or representatives from the schools concerned came to the health department to discuss details of the arrangements at the different schools. At each school, talks were given by two university graduates who had received an intensive training in the subject of smoking and health. The talks, which were followed by the Ministry of Health film on the hazards of smoking, were attended mainly by classes of eleven and twelve-year-old children in an attempt to prevent them taking up the habit of smoking.

In order to assess the value and impact of this campaign, school children were asked to write down their impressions, and headmasters were asked for their views. These two sources of information made it clear that the campaign had certainly been successful; but it was agreed by all who took part in the campaign that talks of this nature should be included as a routine in the future school curriculum, and not given as isolated efforts to individual classes.

Deafness in school children

Deafness is a serious handicap. Even a relatively slight hearing loss can greatly impair a child's progress in school. The value of testing each child's hearing soon after entering school can be shown in the following cases, which are among several that have been reported by the headmaster of one of the County primary schools.

Case 1 This boy showed a marked ability in mathematics when using structural material, but he was retarded in his reading. The class teacher reported that he was inattentive. He was making only very slow progress. He was seen by the audiometrician in July 1962, and was referred to the hospital outpatient department. He has been under treatment since that date for chronic sinusitis. The improvement in his reading can be shown as follows:

July 1962	age 8 years 2 months	non-reader
April 1963	age 8 years 11 months	reading age 9 years
January 1964	age 9 years 8 months	reading age 10.5 years

Case 2 - This boy was obviously much more intelligent than his work suggested. He was a non-reader in July 1962 when he was tested. Subsequently he was treated at the hospital for secretory otitis media.

July 1962	age 6½ years	non-reader
April 1963	age 7 years	reading age 7 years 3 months
January 1964	age 8 years	reading age 8 years

Case 3 - This boy was seen by the audiometrician in July 1962 and referred to the hospital, where he was treated for conductive hearing loss as a result of large tonsils and adenoids. There is still some hearing loss and he is under observation.

July 1962	age 7 years 7 months	non-reader
April 1963	age 8 years 4 months	reading age 7 years
January 1964	age 9 years 2 months	reading age 8.6 years

AUDIOMETRY

1963 has been a year of consolidation for the audiometry service. Any teething troubles there might have been have now been ironed out and the service is running smoothly.

In March the audiometrician attended a two-week course at the Department of Audiology at Manchester University, the first of its kind. This proved to be very instructive and beneficial in as much as colleagues from authorities all over the country were able to meet and discuss their mutual problems.

In April the audiometer was replaced with a modern and efficient transis-torised instrument. This has made for the more accurate and speedy testing of young children.

Suitable accommodation in schools has been less of a problem as more schools are undergoing modernisation. The only difficulty which is likely to remain is one of finding a suitably quiet room. Head teachers continue to be most sympathetic and helpful in this respect.

The service is continually called upon by head teachers who have children with educational problems. Once the possibility of deafness has been eliminated for them, they can then look in another direction for their difficulties to be solved. In several of these cases, however, a hearing loss has been found, and once this defect has been dealt with the child has made good progress. This fact has been illustrated very effectively by at least one head teacher.

During the year 157 routine visits were made for the testing of six-year-old children. At these visits, teachers also referred children of other age groups and a total of 3660 children received a sweep test. Those who failed this test were given a threshold test at a suitable interval. From these children 218 (6 per cent) were referred to the ear, nose and throat clinics of the Radcliffe Infirmary or the Royal Berkshire Hospital after obtaining the permission of the general practitioners concerned. Another 21 were referred direct to the general practitioners and 105 were kept under observation by the audiometrician. The school medical officers, general practitioners, educational psychologists, speech therapists, health visitors and head teachers were responsible for re-ferring a further 96 children. Thirty-one (32.3 per cent) of this group were referred to the hospitals.

The recommendations and details of the total number of 249 children re-ferrred to the consultant otolaryngologists are as follows:

Removal of tonsils and adenoids	36
Removal of adenoids alone	22
Removal of tonsils, adenoids and myringotomy	1
Removal of adenoids and myringotomy	16
Myringotomy alone	2
Eustachian insufflation and politzoration	1
Antrum puncture and washout	1
Mastoidectomy	1
Meatoplasty	1
Decongestant therapy	32
Removal of wax	13
No treatment and review	27
No treatment	37
Left County before appointment	1
Failed appointment	5
Awaiting appointment	36
Referred to psychologist	1
Hearing aids issued	8
Perceptive deafness (recommended to sit in front of class)	<u>8</u>
	249

(Two of the above children are under review for hearing aids)

Hearing loss in educationally subnormal children

Out of eighty children tested at Woodeaton Manor Residential School for Educationally Subnormal Pupils, thirteen were found to have hearing loss. Three of the children were under treatment at the hospital. The other ten were referred to the hospital for examination, and five are awaiting appointments. Of the eight children already seen at the hospital, four have been issued with hearing aids, two have had major operations, and two have had operations for removal of tonsils and adenoids.

Thirty-five educationally subnormal children in a special class in a secondary school were also tested. Four were referred to hospital with hearing loss. Two of these children have been given hearing aids. The results of the other two appointments are awaited.

In all, 15 per cent of educationally subnormal pupils who were tested were found to have hearing loss, as compared with 6 per cent of school entrants. In future arrangements will be made to test the hearing of educationally subnormal children in special schools and classes once a year.

SPEECH THERAPY

This year a third speech therapist has been appointed, and accordingly the County has been divided into three areas, one therapist being responsible for each. Miss J. Ash, who has been regraded as senior speech therapist, reports that a period of adjustment was needed following this new arrangement; particularly in view of the fact that the southern area had been without a therapist for a year, and the north for three months. The present situation appears to be as satisfactory as is possible with the existing number of staff. The addition of a third speech therapist is a step forward, but much still remains to be done. At present treatment is confined to children in normal schools. It is not yet possible to include those who are:

- i) of preschool age
- ii) in special schools (with one exception)
- or iii) in training centres.

Of those referred in normal schools only a proportion are seen regularly, once a week being the maximum. Many have to be reviewed at long intervals, or put on the waiting list. The majority need more time than it is at present possible to give them.

This is the situation with the cases already referred. But it takes no account of the possible cases in schools not visited by the therapists, nor of those not referred because of the previous shortage of staff in addition to the three categories mentioned above. Further provision is required if these needs are to be met, for as has been stated elsewhere, the nature of the work and the distances travelled are time consuming, and it is not physically possible for the existing team to undertake more.

The general pattern of treatment in schools, combined with home visiting, continues to be most satisfactory. To prevent possible duplication of referrals, a form is now sent by the speech therapists for inclusion in the school medical records, stating when treatment begins and ends. If a child is referred in school and a school medical inspection is not due for some time, a request for agreement to treatment is sent to the general practitioner to prevent delay. Some cases have been referred to the speech therapy department at the Churchill Hospital for specialised diagnostic assessment, and case conferences have followed. The County speech therapists also continue to attend meetings at the Churchill Hospital, where they have the valuable opportunity of exchanging ideas with members of allied professions. They attended a further meeting, arranged by the County Medical Officer of Health, between members of the various sections of the Health Department. This provided a welcome opportunity to learn more of the work of the other groups, with the aim of improving co-operation between departments. Case discussions have also been held with members of the Child Guidance Department.

The services of the County audiometrician are much appreciated by the speech therapists. It is also pleasing to be able to record again that they continue to receive every help and co-operation from staff in the schools they visit.

Statistics

As there has been considerable over-lapping in the treatment of cases in the three areas now defined, figures for this year have been combined:

Children who received treatment during 1963	372
Admissions	106
Awaiting treatment	97
Discharges	117
Number of schools visited out of a total of 209	102

CHILD GUIDANCE AND SCHOOL PSYCHOLOGICAL SERVICE

The following report has been made available by the Child Guidance Department:

Since May 1963 regular clinics have been held. It has been possible to cover most of the County, but some patients have had to make long journeys, which has made effective treatment difficult. Since child guidance is a valuable preventive service, more referrals of children in the pre-school group would be welcomed, especially through infant welfare clinics. Every effort is made to maintain close liaison with allied services, in particular with the Health Department, the Children's Department, and the Probation Service.

The staff of the School Psychological Service has been joined by Mrs Unwin as a part-time assistant psychologist. Mrs Unwin has had useful experience at the National Foundation for Educational Research and as a teacher at an approved school for girls needing psychiatric treatment.

The Remedial Reading Service has lost its first teacher, Miss Beryl Knowles, who died in December after a term's illness. She was a pioneer in this field in Oxfordshire and started the service both in Banbury and the Witney-Burford areas. Otherwise the staff remained at six full-time, with a seventh who does part-time.

The psychologists have been much occupied with planning and supervising special classes for educationally subnormal children, and selecting others for residential schools. A class for educationally subnormal juniors was opened in September at Hailey Road CP School, Witney, and provides for the following districts - Witney, Ducklington, Northleigh, Stonesfield, and Finstock. Attendance has been very good owing to the provision of special transport.

The following table gives an account of the work done by the educational psychologists (1 full-time, 1 part-time, and Mrs Unwin since 18th November 1963 only). In addition 84 children were seen for the Child Guidance Clinic and 224 school and home visits were paid.

Non-clinic cases: Sources of referrals	Physically handicapped	Difficult behaviour	Reading and slow progress	General backwardness	IQ, school placement, vocational guidance	Personal difficulties	IQ and psychological reports	Speech defects	Delinquency	TOTALS
Headteachers	2	14	50	48	114	17	-	4	-	249
Advisory and remedial teachers	-	-	4	-	7	-	-	-	-	11
Director of Education	-	1	1	-	2	-	-	-	-	4
School MO	8	4	1	6	17	2	-	1	-	39
Health visitors										
Speech therapists										
Educational psychologists	-	-	-	4	7	-	4	-	-	15
Hospitals and private doctors	1	7	5	3	4	1	-	1	-	22
Parents and guardians	1	8	4	1	6	2	-	-	-	22
School, social workers	-	6	-	-	-	1	-	-	-	7
Children's Officer	-	6	-	-	18	-	-	-	-	24
CGC for retest	-	-	1	-	-	-	11	-	-	12
Referred by courts to remand home	-	-	-	-	-	-	-	-	130	130
TOTALS	12	46	66	62	175	23	15	6	130	535

School Psychological Service:	Age range 3 years 11 months - 17 years IQ range 47 - 146
Child Guidance Clinic:	Age range 2 years 2 months - 16 years IQ range 42 - 132
Court cases:	Age range 9 years 5 months - 16 years 11 months IQ range 57 - 119

Number of cases under active management at 1.1.63	239
New cases referred during 1963	118
New cases opened during 1963	106
Number of cases on waiting list at 1.1.63	14
Number of cases on waiting list at 31.12.63	23
Referrals withdrawn before being seen at clinic	3

New cases

Total number of clinic cases (75 boys, 31 girls)	106
Breakdown of new cases as to clinics:	
Oxford	40
Banbury	26
Witney	10
Henley	18
Bicester	12
Number of cases closed during 1963	111
Number of diagnostic and therapeutic sessions held by clinic staff:	
Psychiatrist	442
Psychiatric social worker	882
Educational psychologists	84
Play therapist	4
Number of cases under active management at 31.12.63	217
Seen by psychiatrist and psychiatric social worker	6
Seen by educational psychologist	2
Seen by psychiatrist and educational psychologist	8
Seen by psychiatrist, psychiatric social worker and educational psychologist	159
Seen by educational psychologist and psychiatric social worker	15
Seen by psychiatric social worker	3
Placed in schools and hostels for maladjusted children	24

Sources of referral 1963

School	24
General practitioner	24
School doctor	2
Parents	11
Children's Officer	8
School Welfare Officer	13
Probation Officer	2
Others	<u>22</u>
	106

Reason for closure

Improved	34
Advice only	8
Transferred to other agency	28
Unco-operative	22
Left district	16
Other	1
Unimproved	<u>2</u>
	111

Reasons for referral

Stealing	11
Educationally backward	17
Difficult at home	15
Behaviour at school	14
Nervousness; emotionally upset; speech difficulty	18
Habit disorder	6
School refusal	17
IQ test	2
Advice	<u>6</u>
	106

<u>Age range of new cases</u>		<u>IQ range of new cases</u>	
2 - 3 years	1	40 - 59	2
3 - 4 years	1	60 - 74	8
4 - 5 years	2	75 - 99	47
5 - 10 years	38	100 - 124	26
10 - 15 years	56	125 - 134	3
15 - 18 years	7		

Enuresis (bed wetting)

There are thirty enurex machines on loan by the County Council, twenty-four to general practitioners, three to the Child Guidance Department, and three to the City Enuresis Clinic.

In 1963, 26 cases were reported by general practitioners. Nineteen were treated successfully; in six cases the patients improved, but relapsed after initial treatment; in one case the treatment was unsuccessful.

DENTAL SERVICE

Mr J. Rodgers, Principal School Dental Officer, reports as follows:

The icy blasts of the exceptional arctic winter had their effect on the dental service. All three mobile clinics had either frozen pumps or tanks and the dental officers using them worked under trying conditions. Transporting the mobile clinic through a countryside looking more like a Siberian waste than rural England was a difficult task. These factors, coupled with the fact that children could travel no great distance to clinics in these conditions, imposed a slow start to the year's programme. The sad loss of Mr W.P. Jones, Dental Officer for the Banbury area, after a long illness, and the prolonged absence of another dental officer, meant a loss of nearly two hundred treatment sessions for the County school children. The amount of conservation carried out was less than the previous year, but in the circumstances should be considered satisfactory.

A dental health campaign was launched in the Witney area during the last week in January. The local children were carefully instructed in toothbrush drill and taught sound dietary habits. Many outside bodies contributed to the success of this campaign with time and money. Several thousand gifts of toothpaste, apples and toothbrushes helped carry the message home. A model surgery was constructed to familiarise children with dentistry and help conquer any fears of the unknown. A subsequent poster and essay competition showed that even the youngest children had gained by the campaign.

It would be difficult to assess accurately the amount of success of any single dental health week, but there is no doubt that these campaigns are important, and produce clean healthy mouths.

The new clinic at Henley was completed towards the end of the year and its well designed and equipped dental department gives new promise for the children in the area. As the new year began a dental officer was appointed to this clinic.

During the year general anaesthetics were carried out for children at Banbury, Bicester and Witney, and as the year ended arrangements were being made to extend that service to Henley.

An orthodontic clinic is still being carried on at Witney, but until this treatment can be obtained at every fixed clinic there is little cause for satisfaction. The general conditions in the clinics are good and the equipment used in the treatment of children is of a high standard. The willingness of parents to

accept dental treatment, on behalf of their children, has increased with a rejuvenation of the service. This has brought its own problem - the dental officer may now not get around the children in his area frequently enough to make the scheme dentally sound. Unless there is a marked improvement in staffing and a reduction in decay, some schools may have to miss regular inspection and be covered only for emergency treatment. Infrequent dental inspection has little or no virtue.

The community must aim at the prevention of dental decay. Modern diet is soft and sweet, and leaves decay in its wake. Children will have decayed teeth in perpetuity if the present-day conditions are accepted. The drive for prevention must not be left in the hands of a few zealots, but should be the concern of the medical, dental and teaching staffs within the County.

Dental inspection and treatment carried out by the authority

1.	Number of pupils inspected by the authority's dental officers	
	(a) At periodic inspections	14262
	(b) At specials	<u>44</u>
	Total (1)	14306
2.	Number found to require treatment	9839
3.	Number offered treatment	7072
4.	Number actually treated	4088
5.	Number of attendances made by pupils for treatment	8305
6.	Half days devoted to:	
	Periodic (school) inspection	314
	Treatment	<u>1496</u>
	Total (6)	1810
7.	Fillings:	
	Permanent teeth	9904
	Temporary teeth	<u>1462</u>
	Total (7)	11366
8.	Number of teeth filled:	
	Permanent teeth	7772
	Temporary teeth	<u>1144</u>
	Total (8)	8916
9.	Extractions:	
	Permanent teeth	1070
	Temporary teeth	<u>1820</u>
	Total (9)	2890
10.	Administration of general anaesthetics for extraction	178
11.	Orthodontics:	
	(a) Cases commenced during the year	20
	(b) Cases carried forward from previous year	36
	(c) Cases completed during the year	20
	(d) Cases discontinued during the year	6
	(e) Pupils treated with appliances	30
	(f) Removable appliances fitted	33
	(g) Fixed appliances fitted	-
	(h) Total attendances	250
12.	Number of pupils supplied with artificial dentures	18
13.	Other operations:	
	Permanent teeth	843
	Temporary teeth	<u>1160</u>
	Total (13)	2003

PHYSIOTHERAPY CLINIC

Exceptional weather conditions at the beginning of the year were responsible for the cancellation of some clinics, but in view of the length of the severe winter, remarkably few were missed. Inevitably, the ones mainly affected were those held in the remoter village schools.

Having postponed their visit several times, Miss Dunford and Miss Bouch were able to go to University College Hospital, London, in the autumn term to discuss the problems of the faulty posture with the Superintendent Physiotherapist, who is an authority on the subject. This visit followed the one made by Miss Tudor Evans and Miss Munns the previous year.

Miss Munns was able to establish contact with the organiser of remedial work in Hertfordshire, and spent one evening discussing the similarities and differences of the services in their two counties. This was followed up by a visit by Miss Chatterton to some of the Oxfordshire clinics.

There was a Conference on the Treatment of Spastics at Watford one weekend in October which Miss Munns was able to attend, and arising from this, came an opportunity of spending a day at the Watford Spastics Treatment Centre, where she was able to see modern methods of treatment in the Physiotherapy Department.

The physiotherapy staff have had several badly handicapped children referred to them. Some of these are visited at home and some are seen in centres which they attend.

Several talks were given during the year to senior boys and girls, some on care of the feet and one on posture. The usual lectures were also given to the student health visitors.

Summary of defects

Total number of children treated	1885
Posture	490
Feet and knees	1211
Respiratory	163
Treatment refused	6
Children withdrawn from treatment	0
Number of parents present	341
Number of children discharged	451
Special difficulties	21

SCHOOL SWIMMING BATHS

There are now sixteen learner-type swimming baths attached to schools and children's homes; three new baths came into use during the year, whilst technical guidance was asked of this department in connection with a further four baths likely to be provided in 1964.

Although the fill and empty bath holds its own, mainly in the smaller village schools because of its low provisional cost, the tendency is towards baths using mechanical filtration and automatic chlorination of the water, particularly in the large schools.

Routine bacteriological sampling of bath waters is carried out during the swimming season, together with chemical testing of the water at the swimming bath for determination of available chlorine. Both tests show that the baths are well managed.

